

Homeschool P.E. Fitness & Team Building Skills



Located at:

**Felker Community Center
305 Community Court
Monroe, GA 30655**

(Next to the Stephenson Boys and Girls Club and across from Felker Park)



Tuesdays beginning January 5, 2010 through March 23, 2010

2:00 p.m. to 3:00 p.m. (Students K-6)

Cost: \$5 per session

or

\$18 per month (4 sessions) if paid in advance

***Onsite Registration will be available on January 5, 2010 @ 1:30PM**

Space is limited and will be filled on a first come, first serve basis

To register before January 5, 2010 or for more information contact:

Maryann Locklin of C.H.A.S.E. Academy

(770) 266-0912 * Email: mihighercalling@yahoo.com

Caprice Ashe of Walton County Homeschoolers Support Group

(770) 821-8148 * Email: capriceashe@yahoo.com

2010 Homeschool P.E. Fitness & Teambuilding Registration Form

#Child's Name: _____ Male/Female

Birth Date: (mo/day/yr) _____ Age: _____ Grade: _____

Mailing Address: _____
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City: _____ State: _____

Zip: _____

Mother's Name: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Father's Name: _____

Work Phone: _____ Cell Phone: _____ Email: _____

Please list two EMERGENCY NAMES and PHONE NUMBERS for HCEM volunteers to call if you cannot be reached. Please be sure these people know they are your emergency contacts.

Name _____ Number _____

Name _____ Number _____

Please note that if your child becomes ill or has an emergency, HCEM volunteers will notify you promptly so that you may pick up your child immediately.

Registration for: _____ Session 1: January 2010 _____ Session 2: February 2010

_____ Session 2: March 2010 _____ As schedule allows

Emergency and Medical Information

1. Does your child have any ALLERGIES (food, insects, etc.)? _____ If so, please

Explain _____

If your child has any food allergies, you will need to provide their snack each day.

2. Does your child have any medical problems which we should be aware? _____

If so, please

explain _____

3. Has child been hospitalized or had operations, serious injuries, fractures, etc. in the past five years?

_____ No _____ Yes (Give dates and details):

4. Does child have any chronic or recurring illnesses or conditions?

_____ No _____ Yes (Give details):

5. Should any activities be limited?

_____ No _____ Yes (Give details):

6. Current medication(s) _____ No _____ Yes (Give details):

Name of authorized ADULT who will be picking up your child from Felker Community Center.

Please provide written notice if someone different will be picking up your child. Personal Identification will be required.

_____ **There are no make up sessions. Failure to attend shall forfeit fees paid for session.**

Initials

Circle One:

I give permission / do not give permission to CHASE Academy, Walton County Parks & Recreation, and Felker Community Center to use any photos or videos taken of my child for promotional purposes only.

Waiver: Please read carefully, complete form and sign bottom of form to incorporate each authorization below:

I, (Parent/Guardian's Name) _____, hereby agree to all policies and conditions stated in this class offering flyer and I further agree to save and hold harmless CHASE Academy including all officers, members of the board of directors, any of its employees, contract instructors and volunteers in the event of personal injury or damage to my child/ren caused by negligence or other acts while participating in any classes. I further release and agree to fully indemnify CHASE Academy and including all officers, members of the board of directors any of its employees, contract instructors and volunteers from any and all liability. I assume all risks and hazards incidental to the conduct of activities and transportation to and from CHASE Academy activities. I understand health or accident insurance that would cover my child's medical, hospital or related expenses in the event of injury in this activity is my responsibility. I understand CHASE Academy strongly recommends that if I do not have sufficient insurance to cover such incidents that I should take the necessary action to obtain such insurance before participation in any class or workshop.

Parent/ Guardian

Signature _____ Date _____

Parent's Authorization in an Emergency

As the parent/guardian, I authorize (Child's Name) _____, to attend and participate in prescribed CHASE Academy activities. I give permission to the Director of CHASE Academy and any other designated staff or volunteer to administer first aid and in the event of an emergency, to secure a physician for any medical or surgical treatment needed for my child. I understand that a conscientious effort will be made to locate me before action is taken. I understand and accept that this expense will be my responsibility. I understand that it is my responsibility to carry primary accident insurance

Parent/ Guardian

Signature _____ Date _____