

Please complete and bring the following forms to the 1st day.

Completed forms are required for admission.

Thank You!

Code of Conduct

I _____ agree to conduct myself in a manner which is appropriate and respectful.
I will be quiet and considerate of others at all times, especially when directions are being given or adults are speaking.
I will not roughhouse or horse around. Nor will I touch any person in a harmful way.
I will stay in the confines of the classrooms and cafeteria and will not wonder outside the facility.
I will be careful with all equipment and will help others do the same.
I will be respectful of other people's property.
I will abide by this code of conduct or I will be asked to leave.

Student Signature_____

Parent Signature_____

LET'S ALL HAVE FUN!!!!

Health, Pick-up and Waiver Form

Please read this document carefully before signing as it is a legally binding document. This fully signed form must be given to Active Learning Services on the first day before any student is allowed to participate in any activity.

Attendees Name:		
Address:		
Home Phone:		
Age:	Date of Birth:	
Parent/ Guardian Name:		
Home Phone:	Work Phone:	Cell Phone:
Other Parent/ Guardian Name:		
Home Phone:	Work Phone:	Cell Phone:
Emergency Contact Name & Phone: Carly Searle		
Names of Person(s) other than parents who are authorized to pick up:		
Physician Name & Phone:		
Does the attendee currently have any of the following (if yes, please circle and describe below): Asthma, Drug Allergies, Food Allergies, Allergies to Insect Bites, Special Dietary Needs, Frequent Headaches, Dizziness or Seizures or other medical condition. Please Describe:		
Medication Information: Our staff cannot administer any medications, prescription or non-prescription, to unless we have your permission; this includes over-the-counter medicines like Advil or Tylenol for minor headaches or pains. If the attendee is required to take any other medications while attending our program, s/he must bring the medication and assume responsibility for taking it as needed or indicated. Medication must remain with the program director. Is the attendee currently taking medication (If yes, please describe)?		
Will the attendee require any specific treatment for a medical/emotional condition while participating in the program (if yes, please describe)?		

MEDICAL TREATMENT CONSENT

I, the legal guardian of the above-named, authorize the Active Learning staff to seek medical treatment for the attendee as they see necessary at a nearby facility. I consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care subsequently deemed necessary by a licensed health care provider during the program session. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care, and that it is given to provide the program staff authority to seek medical treatment, and to provide a licensed health care provider the authority to administer this treatment as s/he judges necessary to the above-named child. I accept responsibility for payment of all services rendered; I authorize any medical facility that renders services to release medical information necessary for the processing of insurance claims; and I authorize the payment of insurance claims directly to the medical facility. I understand that whenever possible, the Program staff will make a good faith effort to contact the above-named person(s) or me before seeking treatment. If this is not possible, I understand that the Program staff will notify my designee or me as soon as possible of any and all diagnoses and treatments.

WAIVER/ LIABILITY RELEASE FOR PARTICIPATION

The undersigned, for him/her self, personal representatives and successors does hereby release and forever discharge Active Learning Services. and its employees from any and all claims, demands liabilities, obligations, damages, costs, expenses, loss of service, actions and causes of action including each and every payment for damages said attendee may now or hereafter have against Active Learning Services arising out of an any act or occurrence incident to the attendees said participation and or the engagement of the undersigned in connection therewith and hereby agrees to indemnify and hold Active Learning Services and its employees harmless from any and all claims, loss or damage to the attendee resulting from or related to the attendees said participation. I hereby certify that my child is in good health and may participate in all indoor and outdoor activities. In case of an emergency, I give permission for my child to be given emergency treatment at any hospital reasonably accessible. I will not hold any staff person or volunteer of /Active Learning Services responsible for any injury to my child while attending the program. I will not hold the program facility responsible for any injury to my child while attending the program. I hereby permit Active Learning Services to use, in whole or in part, photographs, videos, written extraction and voice recordings of my child for the purpose of illustrations and publications including the Active Learning Services website.

Parent/Guardian: _____

Signature: _____ Date: _____