



**City of Brea  
Community Services Department  
After School Program and Teen Zone Registration Form  
2019/2020 School Year**

<b>Child's Last Name:</b>	First:	Middle:
Gender:	Birthday:	Age:
Grade Entering Fall 2019:	School Attending:	
<b>Child's Last Name:</b>	First:	Middle:
Gender:	Birthday:	Age:
Grade Entering Fall 2019:	School Attending:	
<b>Child's Last Name:</b>	First:	Middle:
Gender:	Birthday:	Age:
Grade Entering Fall 2019:	School Attending:	

<b>Mother's Last Name:</b>	First:	Middle:
Street Address:	City:	Zip Code:
Cell Phone:	Work Phone: (Ext.)	Home Phone:
E-mail Address:		

<b>Father's Last Name:</b>	First:	Middle:
Street Address:	City:	Zip Code:
Cell Phone:	Work Phone: (Ext.)	Home Phone:
E-Mail Address:		

**Names of persons other than parents authorized to take child from facility or to contact in case of emergency (Child will not be allowed to leave without written authorization from parent/guardian):**

Name:	Phone:	Relationship:	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized to pick-up
Name:	Phone:	Relationship:	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized to pick-up
Name:	Phone:	Relationship:	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized to pick-up
Name:	Phone:	Relationship:	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized to pick-up

<b>Medical Information:</b>	
<input type="checkbox"/> Allergies: _____	
<input type="checkbox"/> Is your child taking any medications: _____	
<input type="checkbox"/> Is there anything we should be aware of? _____ (For example any medical or behavioral diagnoses)	
<b>*If medications need to be delivered or supervised by After School Program Personnel, please fill out a Physician's Request for Administration of Medicine Form located at the Front Counter</b>	

**By signing this form I understand that:**

- Brea ASP is only available on scheduled Brea-Olinda Unified School District school days. Child care options may become available for an additional charge for off days, such as, holidays, teacher preparation days, or parent conferences.
- No refunds will be given for Brea ASP unless the spot vacated can be filled.
- My email will only be used to notify me of information from the Brea Community Services Department. It will not be sold or shared with others.
- I have read and understand all the information provided me within the After School Program Handbook.

\_\_\_\_\_ **(Initial here)**

I understand that participation in recreational activities offered by the City of Brea ("City"), including required transportation ("the Activities"), is not without risk and that I may suffer serious or fatal illness or injuries as a result. With full knowledge of such risks, and in consideration of being permitted to participate in the Activities, I hereby fully assume all risks, known and unknown, of illness and injuries, even if caused by the action, inaction, or negligence of the City or any City official, employee or volunteer ("Released Parties"), to the fullest extent allowed by the law. I further agree to indemnify, defend and hold harmless the Released Parties, with respect to any and all claims and liabilities for bodily injury, illness or death, in any way arising out of my participation in the Activities, to the fullest extent allowed by law. I hereby authorize the City to render emergency medical care if deemed necessary, and I further agree to pay all costs thereof. I further authorize the City to use any photograph, video or other image taken of me during the Activities, for any City purpose, without compensation.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CITY OF BREA IMAGE RELEASE**

I hereby consent to and authorize the use and reproduction of any and all video and/or photographic images. I give permission to the City of Brea to photograph or videotape me and I agree to release such photographs and/or video to be the sole property of the City of Brea. These images will be used in a variety of City media (print, video, social media) to promote City programs and services. Furthermore, I agree that I will not receive any compensation for such use.

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Signature of parent or guardian of minor \_\_\_\_\_

DATE \_\_\_\_\_

SHORT DESCRIPTION: City of Brea run Social Media; City of Brea Website