

Enrichment Club Registration Form

School Name: _____

Inspire Students ONLY: Will you be utilizing Inspire's Vendor Package? YES NO If yes, who is your HST? _____

Is your child a member of The Claremont Club? YES NO

Child's Name: _____ Date of Birth: _____ Age: _____

Parent/Guardian's Name: _____ Email: _____

Create a password for drop off and pick up: _____

Address: _____ City: _____ Zip Code: _____

Mobile Phone Number: _____ Work Phone Number: _____

Home: _____

Non-Vendor Package families, please answer questions 1-6 below:

1. What days of the week do you wish your child to attend? Tuesdays Thursdays Both

2. Will your child be attending half day or full day? Half Full

3. If your child is attending half day, which session do you wish your child to attend? 9:00 am to 12:00 pm 11:00 am to 2:00 pm

4. Will you be signing up for our month to month program or committing to the entire school year? Monthly Year

5. I state that I have submitted a purchase order/enrichment certificate to my school for the required amount for my choices for this program.
Initial: _____.

6. I understand that if I do not have enough enrichment funds to cover the cost of this program, I will pay the remainder out of pocket or agree to charge my Claremont Club account. Initial: _____.

I agree to provide my child the necessities required for their stay at The Claremont Club including but not limited to a packed lunch, snacks, refillable water bottle, closed toed shoes, and appropriate/comfortable clothing. Initial: _____.

I have read and understand the "TCC's No Bullying Policy. I will adhere to and respect this policy. I understand that suspension or expulsion from the program will not be refunded. Initial: _____.

Waiver of Liability:

I, _____, the undersigned, hereby release The Claremont Club which I have enrolled my child, and all its officers, employees and independent contractors, acting within scope of this employment, of any and all liability for damages arising from personal property loss or any bodily injury received by me or any child (ren) while participating in said facility services, programs or classes.

Parent Signature: _____ Date: _____

PERMISSION FOR MEDICAL TREATMENT

In case of an accident or an emergency, I authorize a guardian or EMT to take my child to the nearest emergency hospital for such emergency treatment and measures as are deemed necessary for the safety and protection of the child, at my expense.

Parent Signature: _____ Date: _____

PHOTO RELEASE

I, the undersigned, hereby grant the forever release unto The Claremont Club permission to take photographs of my child(ren), and all my rights, title and interest in and to all photographs, negatives and prints taken by them, and also the right to publish, display, copyright, and use them, or any part of them, alone or in conjunction with other persons or characters, real or imaginary, for any and all advertising, in all publications and other advertising media without limitation or reservation, either with or without their name or identification and use the photographs or any part of them, alone or in composition with other reproductions of any kind. I, the undersigned, parent or guardian of the child(ren) hereby consent to the foregoing.

Parent Signature: _____ Date: _____

EMERGENCY CONTACT INFORMATION Please print clearly (must be filled out completely)

Name: _____ Relation: _____

Primary Phone: _____ Secondary Phone: _____

Physician: _____ Phone: _____

Address: _____ City: _____

Medical Insurance Company: _____ Phone: _____

Policy Number: _____ ID: _____

Please list all allergies, health problems, medications or add'l restrictions we need to be aware of: _____