

Emergency/Information Form

Please fill out completely and please write legibly

Child's Name _____

Address _____

Mother's Name _____

Email: _____

Daytime Phone _____

Evening Phone _____

Cell Phone _____

Father's

Name _____ **Email:** _____

Daytime Phone _____

Evening Phone _____

Cell Phone _____

Emergency Contact Name _____

Emergency Contact Phone _____

Physician

Name _____ Phone _____

Attends Kaleidoscope Corner? _____

If your child does not attend Kaleidoscope, he/she must be picked up promptly at the end of class. Thank you for being respectful of the instructor's time.

- ★ Payment must be included with registration. Make checks payable as indicated on enrollment form.
- ★ No refunds or make-up days for student absences.
- ★ If tuition, full enrollment information, and signed release waiver has not been received with the registration, your child will not be registered to the activity.
- ★ You will be called ONLY if a class is cancelled, at which point your check will be returned.

REGISTRATION AND RELEASE OF LIABILITY

As the parent or legal guardian for _____, I hereby acknowledge that receiving instruction in enrichment activities presents a risk of accidental injury. I am aware of the risks inherent to participation in activities such as sports, coordination events, and fitness training. I hereby assume such risk of injury for myself, my children, and personal representatives. I hereby release Steck Elementary, Steck PTSA, the Denver Public School system, their employees/representatives, and all enrichment instructors from such liability. Additionally, I release other students involved in the activities from liability for any injury my child may suffer in connection with participation in such activities. I acknowledge