

STUDENT EMERGENCY INFORMATION

Student Information				
Student Name		Age	Birthdate	Male Female
School		Grade	Days of week attending SPARK Mon Tues Wed Thurs Fri	
Languages spoken	Medications (med form attached)		Allergies	
Parent/ Guardian Information				
Name			Signature	
Parent	Guardian	Foster Parent	Day Phone	Alternate Phone
Address		City	Zip	
Email				
Parent/ Guardian Information				
Name			Signature	
Parent	Guardian	Foster Parent	Day Phone	Alternate Phone
Address		City	Zip	
Email				
Additional Emergency Contacts/Pick-Up Authorized Persons (minimum age 16 years)				
CHILD SIGN OUT PROCEDURES: The parent or other person listed are authorized by the parent to take the child to and from the center/program site and shall sign out the child at departure using a full, legal signature. Individuals unfamiliar to staff will be required to show a valid photo ID.				
Name		Relationship to Student		
Phone	Alternate Phone	Email		
Name		Relationship to Student		
Phone	Alternate Phone	Email		
Name		Relationship to Student		
Phone	Alternate Phone	Email		
Name		Relationship to Student		
Phone	Alternate Phone	Email		

LEGAL DOCUMENTATION INFORMATION

Please complete the information below, pertaining to your child, regarding documentation related to a parenting plan or a current restraining order which has been issued by a legal authority and is in effect in the state of Washington.

Parenting Plan	Restraining Order
<input type="checkbox"/> Yes <input type="checkbox"/> No Exp. Date _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Exp. Date _____
If yes, please provide a copy for the child's file	If yes, please provide a copy for the child's file

PARENTAL CONSENT, RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

You must agree to the terms of the following waivers or you will not be allowed to continue with this registration:

I (we) am/are the parent(s) or legal guardian of _____ who desires to be a participant in the (William Shore Memorial Pool District) sponsored recreational activity of Spark Squad Afterschool and Day Camp Program, which will include vehicular transportation provided by the William Shore Memorial Pool District.

It is important to me (us) that this child is allowed to participate in this activity. I (we) understand there are special dangers and risks inherent not only in this activity but in being transported by vehicle, including but not limited to, the risk of serious physical injury, death or other harmful consequences which may arise directly or indirectly from the child's participation in this activity or being transported by vehicle to and from the activity. Furthermore, I have been advised via this document that the (William Shore Memorial Pool District) does not provide Uninsured, Underinsured, Med Pay or Personal Injury Protection Coverage. Being fully informed as to these risks and in consideration of (William Shore Memorial Pool District) allowing my child to participate in this sponsored activity and/or use of (William Shore Memorial Pool District) facilities and/or being transported, I (we), on behalf of myself (ourselves) and on behalf of the above-named participant child, assume all risk of injury, damage and harm to the child which may arise from the child's participation in the activities, use of (William Shore Memorial Pool District) facilities and/or transportation to and from the activity. I (we) further agree, individually and on behalf of the above-named child, to release and hold harmless the (William Shore Memorial Pool District), its officials, employees, volunteers and agents and agree to waive any right of recovery that I (we) may have to bring a claim or lawsuit for damages against (William Shore Memorial Pool District) for any personal injury, death or other harmful consequences occurring to the above-named child or me arising out of the Child's voluntary participation in this activity and/or being transported to and from the activity. I (we) grant my (our) full and voluntary consent for the above-named child to participate in the activity described above and to be transported to and from the activity.

I hereby consent to allow my child's picture or likeness to appear in any official document, Member website, sponsor advertisement and/or Member produced television coverage of _____ sponsored recreational activity without compensation to me.

☐ YES ☐ NO Initial Here _____

I authorize any necessary emergency medical treatment that might be required for this child in the event of physical injury and/or accident to this child while participating in this activity.

☐ YES ☐ NO Initial Here _____

My child has permission to participate in field trips including, but not limited to, visits to the local library or parks, or other field trips as posted, by means of walking, public bus, or district van.

☐ YES ☐ NO Initial Here _____

My child has permission to swim at Shore Aquatic Center.

☐ YES ☐ NO Initial Here _____

My child may apply sunscreen throughout the day under leader supervision.

☐ YES ☐ NO Initial Here _____

Printed name of Parent(s)/Legal Guardian(s) Date

Signature of Parent(s)/Legal Guardian(s) Email

Referred to Program by: _____

Once your Registration has been completed an email link will be sent to the email listed on this application with access to E-Pact. E-Pact is a tool used by management to control all medical documentation of children enrolled in SPARK Squad. If you already have an E-Pact account with the SPARK Squad program, please review your E-Pact account to ensure the most up to date information is listed.

Application Received Date:	
Staff Initials:	
Payment Processed:	
E-Pact email sent:	