



KIRTLAND YOUTH ASSOCIATION, INC.

After-School Program Registration Form 20__ - 20__

Please Complete the Following Information (Please Print or Type): Student's Age: _____

Student's Name: _____ Gender: ___ Male ___ Female

Nationality (Optional): _____ Current School Grade: _____

Student's School: _____ Date of Birth: ____ / ____ / ____

Parent(s) or Guardian (s) Name: _____

Address: _____

Residency: ___ Kirtland ___ Fruitland ___ Upper Fruitland ___ Ojo Amarillo

___ Nenahnezad ___ Waterflow Other Residency: _____

Home Phone: _____

Work Phone: _____ Cell Phone: _____

EMERGENCY CONTACT INFORMATION

List two emergency contacts other than those listed above:

Name	Relationship	Home Phone	Work Phone

Name	Relationship	Home Phone	Work Phone

MEDICAL PROBLEMS/ALLERGIES

Please list any medical problems or concerns:

EMERGENCY MEDICAL RELEASE

If emergency care is necessary and I cannot be contacted, I authorize the Kirtland Youth Association, Inc., to act on my behalf. I hereby grant the Kirtland Youth Association permission to have my child receive emergency medical attention.

Parent/Legal Guardian Signature

Date

LIST YOUR CHILD’S EDUCATIONAL CONCERNS AND HOBBIES

AFTER-SCHOOL PROGRAM

The After-School Programs runs from the first day of school in August until the last day of school in May

- The Central Consolidated School District will provide transportation from the following schools to KYA: Grace B. Wilson, Kirtland Elementary, and Ruth N. Bond.
- A snack will be provided daily by the CCSD Food Service.
- Your child needs to be picked up no later than **6:00 P.M.**
- KYA is not a babysitting service. Your child needs to participate in all assigned activities.
- Failure to follow rules can result in your child being expelled from the After-School Program. **There is no refund of registration fees.**
- KYA is not responsible for lost or stolen personal items. We will however, try to help the child recover these items.
- There is a **\$60.00 registration fee** each semester (Fall & Spring). **NO REFUNDS.**
- KYA will be closed on all Central Consolidated School District holidays and inservices.
- KYA will be open from 1:00 until 6:00 P.M. on CCSD Early Release Days.

HOLD HARMLESS RELEASE

I hereby waive, release, absolve, indemnify, and agree to hold harmless the Kirtland Youth Association, Inc., its directors, officers, organizers, sponsors, supervisory staff, participants, and any other affiliates, and the Central Consolidated School District; for, from, and against all liability because of any bodily injury, or property damage, known or unknown, which may occur or result from the participation of the above named child in any and all activities whether the result of negligence or for any other cause of the Kirtland Youth Association. I individually, and as a parent/guardian for my child, have read this release and understood all the terms. I execute it voluntarily and with full knowledge of its significance.

Release made this _____ of _____, 20_____ by _____
Day Month Parent/Guardian Signature

TRANSPORTATION RELEASE AND WAIVER

As a parent/guardian _____ of _____

I agree to allow my child to participate in the Kirtland Youth Association After-School Program. The transportation provided by the Central Consolidated School District from the following schools: Grace B. Wilson, Kirtland Elementary, and Ruth N. Bond to the Kirtland Youth Association located at #583 CR 6100 in Kirtland, New Mexico. I hereby waive, release, absolve, indemnify, and agree to hold harmless the Kirtland Youth Association, its directors, officers, organizers, sponsors, supervisors, staff, and participants and any other affiliates of the Central Consolidated School District from or against all liability that may occur or result from transporting my child _____ from his/her CCSD school to the Kirtland Youth Association. I, as an individual and as a parent/guardian of my child, have read this release and understood all terms. I execute it voluntarily and with full knowledge of its significance.

Parent/guardian Signature Date

AUTHORIZATION TO PRODUCE AND USE AUDIOVISUAL MATERIALS

I hereby voluntarily and without compensation authorize the Kirtland Youth Association, Inc. to produce photographs, movies, videotapes, DVD's, and audiotapes of the student named below. This authorization is given on the condition that the material taken or produced will be used for the purpose of community education or program promotion including that of the San Juan United Way. I understand that the Kirtland Youth Association and its employees will not use the materials for compensation. I understand that this grant of permission shall only be revoked by written instrument delivered to the Executive Director of the Kirtland Youth Association prior to the release of any material. This consent shall remain in effect unless revoked.

Name of Student

Name of Parent/Legal Guardian

Date

Signature of Parent/Legal Guardian