



After School Club 11-12

Participants Name _____ Age _____ Grade _____ Sex _____ D.O.B. ____/____/____

Parent/Guardian Name _____

Mailing Address _____ Town _____ Zip _____

Email Address _____

I would like to be on the Gilford Youth Center Email list (check box)

Home Phone _____ Cell Phone _____

Work Phone _____

Emergency Contacts

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Please describe any allergies/medical problems:

Participation in this program may involve risk of injury. As a parent, guardian or participant, I am aware of these hazards and my ability to participate. In consideration for participation in the program listed above, I hereby for myself, my heirs, executors and administrators waive and release all rights against the Gilford Youth Center, the Gilford Community Church, its officers, employees, agents, volunteers, and supervisors, except in the case of their sole negligence, from all losses, injury, damages, fees, and other expenses, arising out of or in connection with participation in the program and activities.

In addition, I give my permission for the child to be treated by qualified medical personnel in the event that the above named parent/guardian cannot be reached at the phone numbers provided.

As a parent, guardian or participant, I allow the Gilford Youth Center to take my child's picture/video for advertising and promotional purposes.

Signature of Parent/Guardian

____/____/____
Date

