

**PAGE 15's YOUNG WRITERS CLUB**  
2017 -2018 Registration & Permissions Form



Student Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Ethnicity \_\_\_\_\_ Sex: M[  ] F [  ] T-shirt size \_\_\_\_\_

PARENT / GUARDIAN Name(s) \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Students will be escorted by staff to and from the Page 15 program at the Downtown Recreation Complex (363 N. Parramore Ave), located directly across the street from ACE.**

**Circle the day(s) you would like to attend:** Tuesday (3:30 – 5:00) / Wednesday (2:30 – 4:00) / Thursday (3:30 – 5:00)

**Emergency & Medical Information**

Does your child have any medical conditions (allergies, asthma, heart condition, seizures, diabetes, hearing, sight loss, etc.)?  
Yes[  ] No[  ] Please explain \_\_\_\_\_

Does your child take any medications during the day?  
Yes[  ] No[  ] Please explain \_\_\_\_\_

Please list any activities in which your child is UNABLE to participate: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Emer. Contact Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Emer. Contact Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

**Please Read the Following and Sign Below**

I hereby certify that, to the best of my knowledge, the above statements are true and correct. I give the Page 15/Urban Think Foundation, Orange County Public Schools, and the Academy Center for Excellence permission to assess my child's academic skills. Upon acceptance, I give my child permission to participate in the after-school program. I give the program permission to contact my child's teachers to discuss his/her academic progress, to contact the school counselors as needed and to obtain copies of report cards. I understand that I am responsible for updating all contact information and parent guardianship, should they change during the course of the year. I give the program permission for my child to be photographed, videotaped, published and/or audio taped for the purposes of student's learning and/or for the publicity of the program. I give permission for my child to receive emergency medical treatment if necessary. I understand that the program cannot assume responsibility for injury or death and I agree to hold harmless Page 15/ Urban Think Foundation, Orange County Public Schools, and the Academy Center for Excellence their directors, officers, employees, and volunteers from any liabilities, demands, or claims for damage.

**Parent / Legal Guardian signature:** \_\_\_\_\_ **Date** \_\_\_\_\_