

## ASP PARTICIPATION WAIVER

Signing this form is a precondition to participating in after school club events and activities. Please read this in its entirety, initial where applicable, fill out emergency contact information, and sign.

1. I understand that The MCCS After School Program is constituted as a group of individuals who have organized for the purpose of extending the school day with enrichment activities, social opportunities, and dedicated study time. These activities are considered a voluntary assembly for enrichment and extension of the school day. Each individual is acting as a voluntary member and as such is responsible for their own actions.

2. I acknowledge that my child's participation in games and activities does pose an unlikely, limited risk of injury to the child and or their personal property. Furthermore, my child's participation in any activity is voluntary. I am assuming responsibility and liability for my child's behavior and actions and understand that it is the responsibility of both myself and my child to maintain their safety.

4. I understand that I am responsible for my child's behavior. If any actions result in damage to any "games for play", equipments, materials, or MCCS owned/funded items provided by MCCS After School Program and that I will be held responsible for costs associated with replacing equipment, games, etc. in its entirety if it is rendered unusable due to the actions of my child.

5. I hereby solely and expressly assume liability for all risks and waive any claim I might have against The MCCS After School Program or any body or individuals acting in the capacity as agents of the organization (staff members, etc.). I assume full legal liability for my child's actions at game activities, and release The MCCS After School Program and any agent acting on behalf of The MCCS After School Program from any claims made as a result of my or my child's actions.

\_\_\_\_\_ (student name) has my permission to participate in the aftercare hosted by MCCS ASP

Should it be necessary for my child to have medical treatment while participating in this program, I hereby give the program personnel permission to use their judgment in obtaining medical services, and I give permission to the physician selected by the program personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that the program has no insurance covering any medical or hospital costs incurred and therefore, any costs incurred for treatment shall be my sole responsibility.

Please indicate:

\_\_\_\_\_ My child is covered by medical/accident insurance.

\_\_\_\_\_ My child is not covered by medical/accident insurance.

Each person participating in the MCCS ASP (and for minors, their legal guardian) is deemed to have waived all claims against our program and its employees and agents for injury, accident, illness or death occurring during or by reason of participation in this program.

I have read and understand the foregoing statements and agree to assume the responsibility and waive all claims. I have also clearly indicated ALL pertinent medical diagnoses, physical/medical limitations and corresponding medications on the MCCS program application form and communicated these with MCCS.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Healthcare Provider, Insurance details and Add' Notes regarding Medical Insurance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Accommodations, Allergies, Medication Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Information:

PERSON 1: \_\_\_\_\_

PHONE NUMBER(S) \_\_\_\_\_  
\_\_\_\_\_

PERSON 2: \_\_\_\_\_

PHONE NUMBER(S) \_\_\_\_\_  
\_\_\_\_\_

