

# QCUSD Community Education Registration Form

## Registration Form

(Please print)

**Child's Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: (circle one) M F

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Message #: \_\_\_\_\_

**Father/Guardian Name:** \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Mother/Guardian Name:** \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Emergency Contact:** (if parents/guardians are unavailable)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Class Enrolling:** \_\_\_\_\_ **Session #** \_\_\_\_\_

**School:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Registration confirmation#:** \_\_\_\_\_ (If registered online)

***Other than myself, only the following person(s) have my permission to pick up my child from the Community Education Program.***

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

### ASSUMPTION OF RISK AND IMAGE RELEASE FORM

I give permission for my child, and/or myself to participate in this program. I understand that the Queen Creek Unified School District carries no accident insurance for this program. I understand that the risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death. I knowingly and freely assume all such risks, both known and unknown. It is the responsibility of individuals participating in a QCUSD class or activity to notify in writing, any physical limitations that may limit or impair their activity in the program for which they are registered and the QCUSD will make reasonable accommodations. I do hereby, for myself, my children, my heirs, executors and assigns, hereby release and hold harmless the Queen Creek Unified School District, their officials, officers, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the release's or otherwise, to the fullest extent permitted by law. I am of lawful age and legally competent to sign this agreement for and in behalf of the participants. Furthermore, I give consent for emergency treatment. The undersigned also agrees and gives permission for their likeness, or the likeness of their child, to be photographed or videotaped and that such image may be published in an outlet used to promote or publicize The Queen Creek Unified School District programs. I understand that any omission or misstatement regarding residency on this registration form shall be grounds for removal from the program regardless of the time elapsed.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**When completed please fax to: 480-987-2817**