



After
Pacific Top Team



School
program registration

Participant Information

Child's First and Last Name: _____

Child's Age: _____ Care Card Number: _____

Family Doctor: _____ Family Doctor Phone Number: _____

Any Injuries or Allergies we should be aware of? _____

School Child Needs Pickup From: _____

Parent Information

Parent or Guardian First and Last Name: _____

Cell Phone: _____ Work Phone: _____

Email: _____ How did you hear about our Camps? _____

Best form of communication to reach you (check all that apply): Phone Text Email

Address: _____

City: _____ Province: _____ Postal Code: _____

Emergency Contact Information

First and Last Name: _____

Relation To Child: _____

Cell Number: _____ Work Number: _____

Notes:

Pacific To Team Waiver and Release Form

Liability Release and Parental Consent Form

In consideration of the acceptance of my application for the above program, I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to my child as a result of participation in Pacific Top Team After School Program. This release is intended to discharge in advance Pacific Top Team, its officials, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heir and assignees.

Parental Consent

I give my consent for my child (*child's first and last name*) _____ to participate in the above activities, and I execute the above liability release on their behalf

Consent For Treatment

I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that Pacific Top Team is fully licensed and insured.

Waiver and Release Form

Photo Release Form For Minor Children

I (*parent or guardians first and last name*) _____ hereby authorize Pacific Top Team to publish the photographs taken of me and/or the undersigned minor children, and our names, for use in the Pacific Top Team online presence (social media, website, instagram) posters, and for display around the facility. I release Pacific Top Team from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the child listed in this application form and that I have the authority to authorize Pacific Top Team to use their photographs and names. I acknowledge that since participation in published and websites produced by Pacific Top Team is voluntary, neither the minor children nor I will receive financial compensation. I further agree that participation in any publication and website produced by Pacific Top Team confers no rights of ownership whatsoever. I release Pacific Top Team, its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

General Release:

I hereby acknowledge that the After School Programs offered by Pacific Top Team are physical activities, and required physical contact. Pacific Top Team Inc and or its staff and students are not held liable or responsible for any risks and/or injuries as a result of attending the Pacific Top Team After School Program at this facility.

Absent Child:

I understand my child will be picked up by the Pacific Top Team bus from their school at the designated spot and the designated time. If my child is absent from school on that day, I understand I must contact Pacific Top Team to inform them my child will not need school pickup

Parent or Guardian Name Printed: _____

Parent or Guardian Signature: _____ Date: _____