

**Twinfield Afterschool (TAS) Registration 2023-2024  
Middle & High School**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Pronouns \_\_\_\_\_

**Parent/Guardian #1**

Name: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian #2**

Name: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency contacts: Please name two adults, their relationship to your child, and phone number(s)

1. \_\_\_\_\_

2. \_\_\_\_\_

**Club Selection**

What club(s) does your student attend or want to attend? \_\_\_\_\_  
\_\_\_\_\_

How will they be getting home? Please list any possible plans such as carpooling, parent guardian pickup, getting ride from friends, etc including time of pickup.

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

## **Release & Permissions**

*Parent/Guardian please initial each item and sign below*

- \_\_\_\_\_ I give my child permission to participate in Twinfield Afterschool activities and clubs
- \_\_\_\_\_ I give permission for photographs to be taken of my child as part of the program, and understand these photographs may be used in reports about the program which could include, but are not limited to, the programs website, emails, news organizations, government agencies, and granting organizations.
- \_\_\_\_\_ I hereby indemnify and agree to hold harmless TAS, their partners, employees, and volunteers from any claim arising out of injury to my child.
- \_\_\_\_\_ I give permission for my child to receive non-emergent first aid deemed necessary while at the program
- \_\_\_\_\_ I understand that every effort will be made to contact me in the case of an emergency. If I'm not able to be reached during a medical emergency, I hereby authorize TAS staff to obtain emergency medical care for my child. In addition, if my child requires emergency medical transportation, I authorize my child to be transported.
- \_\_\_\_\_ I authorize the TAS director to text or call me at the above parent/guardian cell phone numbers with time sensitive information such as early school closures to to weather, important reminders, confirming pickups, etc. I understand that the TAS director's cell phone number is NOT for discussing students and their private information.

## **Plans for Unscheduled School Closings**

*in the event of cancellation of afterschool activities due to bad weather or other emergencies, my child should...*

- \_\_\_\_\_ go home on bus (#\_\_\_\_\_) even if TUS staff are unable to reach me first
- \_\_\_\_\_ wait for TUS to call me before busses leave to confirm that they can go home on the bus. If unable to reach me, keep my child at school to be picked up at the required time
- \_\_\_\_\_ my child will be picked up at the required time

Parent/Guardian name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_