



Office Use Only

Member ID

Payment received \$ _____ Date _____

Registration Form

All sections of this registration form and the supplemental information form must be completed and submitted with proper payment of \$80 per participant — and \$50 for each additional participant, if applicable (prices are subject to change).

Participant Information (please print)

Participant 1

Name _____ Date of birth _____ Male Female

School _____ Grade _____

Club or committee _____

Participant 2

Name _____ Date of birth _____ Male Female

School _____ Grade _____

Club or committee _____

Child(ren) lives with:

Mother Father Stepmother Stepfather Foster parent(s) Grandparent(s) Other

Name _____ Relationship _____

Home address _____

Telephone 1 _____ Telephone 2 _____

Email address _____

Name _____ Relationship _____

Home address _____

Telephone 1 _____ Telephone 2 _____

Email address _____

Non-custodial parent (If applicable)

Is the non-custodial parent listed below an authorized emergency contact? Yes No

If non-custodial parent is not an authorized emergency contact, a certified copy of the court order must accompany this form.

Name _____ Relationship _____

Home address _____

Telephone 1 _____ Telephone 2 _____

Email address _____

Name _____ Relationship _____

Home address _____

Telephone 1 _____ Telephone 2 _____

Email address _____

Emergency Information

Complete information for at least one emergency contact — other than the parents — must be furnished in order to enroll your child. The following people, who are aware that their names are being furnished and are available within 15 minutes of the site, have my permission to pick up my child and should be contacted in the event of an emergency if I cannot be reached. Photo identification will be required.

Name _____ Telephone 1 _____ Telephone 2 _____

Name _____ Telephone 1 _____ Telephone 2 _____

Child's physician or source of health care _____ Telephone _____

In emergencies requiring immediate medical attention, your child(ren) will be taken to the nearest hospital emergency room. Your signature authorizes the responsible person at Columbia Association to have your child(ren) transported to that hospital.

Signature _____

My child(ren) (please initial)

_____ Has permission to walk to the stores in and surrounding Oakland Mills Village Center.

_____ Cannot leave unless picked up by persons authorized on this form.

_____ Has permission to walk home.

Terms and Conditions

I, _____ give permission to my child(ren), _____ to participate in the program(s) offered by Columbia Association's Youth and Teen Center at The Barn, including off-site and overnight trips or activities.

I understand that my child(ren) shall abide by all the rules, regulations, agreements, criteria and guidelines of Columbia Association's Youth and Teen Center at The Barn and that his/her failure to do so will give Columbia Association's Youth and Teen Center the right to immediately terminate his/her participation. I understand that I may have to pick my child(ren) up if he/she does not abide by these rules.

I also give permission for my child(ren) to be photographed and videotaped by Columbia Association and authorized members of the media for promotional material or for any other Columbia Association purposes, including publicity. I release Columbia Association from any and all claims and liability in regard to said photographs and footage.

I understand and voluntarily assume on my own behalf and on behalf of my child(ren) all risks inherent in participation in the programs; and I waive all claims, actions, costs, liabilities, expenses and judgments against Columbia Association, Inc. and Columbia Association's Youth and Teen Center at The Barn and release CA and its directors, officers, agents, representatives, and employees from claims, action, costs, liabilities, expenses and judgments arising out of my child's participation in the programs. I further agree to indemnify CA and its directors, officers, agents, representatives, and employees and hold them harmless for any and all claims, damages, actions, liabilities, and expenses, including attorney's fees, arising out of my child's participation in the programs.

Columbia Association has my permission to take whatever steps it deems necessary to properly care for and supervise my son/daughter, including the rendering of emergency medical care in the event that any situation occurs whereby an agent or employee of Columbia Association's Youth and Teen Center at The Barn, in the exercise of his/her discretion, assesses that immediate action is necessary and/or in the event my child is injured and I cannot be reached within a reasonable time under the circumstances.

My signature below indicates my understanding and agreement with all terms set forth in this registration. I agree that I will cooperate fully with all Columbia Association personnel and will notify Columbia Association's Youth and Teen Center at The Barn in writing if any information set forth on this registration form changes in any way.

Parent/legal guardian's signature _____

Date _____

Parent/legal guardian's printed name _____

How did you hear about us?

