



**Out of School Club**  
**Chances And Services For Youth**  
Consent and Disclosure Form

Out of School Club is a FREE, fun-filled afterschool program of educational and recreational activities, including environmental discovery, arts, character development, literacy, health and wellness, and much more!

**PARENT/GUARDIAN INFORMATION**

I authorize only the people named below to pick up my child, in addition to listed Parents/Guardians. For your child's safety, he/she will not be released to anyone else. **All authorized persons must be 18 years of age or older.** No changes to this list will be made unless the parent or legal guardian whose signature appears below requests such changes in writing. **Photo identification is required at pick up.** Campers need to be picked up no later than **6:00 p.m**

1. Guardian Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

2. Guardian Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

3. Guardian Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

4. Guardian Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**PERMISSION TO WALK OR RIDE A BIKE**

\_\_\_\_\_ My child does have permission for my child to walk/ride bike home from after-school sessions.

\_\_\_\_\_ My child does NOT have permission to walk/ride bike home from after-school sessions

**ALLERGIES, MEDICATIONS, & MEDICAL CONDITIONS**

List or attach your child's allergies, medical conditions, and prescription medications:

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

**PHOTO/MEDIA RELEASE FORM**

Your child/youth may be photographed, audio or videotaped for the purposes of promoting and publicizing this after-school program. By allowing your child to be photographed, you waive all rights to the photographs, audio and video tapes in which your child appears. The photograph, audio or video tape may be used whole, in part, or in composite as the program sees fit in publication of education material, the advertising thereof, for any other lawful purpose. Please check one of the following and sign below:

\_\_\_\_\_ My child does have permission for photographs to be used in future promotions or informational packages put together by the CASY staff.

\_\_\_\_\_ My child does **NOT** have permission for photographs to be used in future promotions or informational packages put together by the CASY staff.

**SUPERVISION**

The sponsoring agency provide professional staff members to supervise all program sessions. Staff's primary goal is to provide a fun, educational, and safe experience at Out of School Club. Staff maintain a staff to camper ration of 1:10. Parents/guardians may visit the program site during any program session and may ask questions of staff concerning any aspect of the program.

**RISK**

As with all sports and recreational programs, there is a slight risk of injury from participation. The sponsoring agencies will supply group accident insurance, but that might not cover all medical bills. Any medical bills above those covered by the insurance are the responsibility of the child's parents/guardians. By signing the consent and disclosure form, you agree to hold the sponsoring agency, other agencies and individuals that are participating in this program harmless from all claims that might result from participating in this program, unless they were caused by negligence. However, absent negligence on the part of the program provider, we are responsible for our youth's medical bills.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_