

# EXPLORER SCHOOL ENRICHMENT PROGRAM CLASSES

For the MONTH OF: \_\_\_\_\_

Class _____	Day _____	Amount \$ _____
Class _____	Day _____	Amount \$ _____
Class _____	Day _____	Amount \$ _____
Class _____	Day _____	Amount \$ _____
Class _____	Day _____	Amount \$ _____

Check # \_\_\_\_\_ Total \$ \_\_\_\_\_

Make checks payable to **Explorer Elementary Charter School (EECS)**. Registration is only complete with payment.

No refunds are issued once the class has met.

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Room #: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone #: (\_\_\_\_) \_\_\_\_\_

## Please read, initial and date below:

My child is fit enough to participate in Explorer Elementary Charter School Enrichment Program class(es) **initials/date** \_\_\_\_\_

Include any medical condition we should be aware of: \_\_\_\_\_

## RELEASE OF WAIVER AND LIABILITY AND INDEMNITY AGREEMENT

**\*Please read carefully before signing.** I, the undersigned, do hereby agree to allow the student listed above to participate in the Explorer Elementary Charter School Enrichment Program. I understand these classes, by their very nature, can present circumstances that place students at some risk of injury. I agree to release, indemnify, defend and hold Explorer Elementary Charter School and its employees, contractors and volunteers, harmless and free from liability for any and all demands, damages, claims, suits, liens and judgments, including costs and attorneys fees of whatever nature, for injury to or death of any person, damage to property, or interference with the use of property, arising from or in connection with participation in the program(s). I am aware that this is a full release of liability and am signing at my own free will.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Any Questions: Please contact Nita at [nitat@cox.net](mailto:nitat@cox.net).