



## Enrichment Club Registration 2016-2017

Clubs begin at Dismissal and end at 4:00 pm (unless otherwise noted)

Name of Student: \_\_\_\_\_

Class: \_\_\_\_\_ Home Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Enrichment Club: \_\_\_\_\_

Day Club Meets: \_\_\_\_\_ Club Cost \$ \_\_\_\_\_

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

Emergency Number: #1 \_\_\_\_\_ #2 \_\_\_\_\_

Cost of Club: \$100/6 week session unless otherwise noted. (Payment will be deducted from your SmartTuition Account the pay period following the club start date.)

Please circle: My child will go to extended day from this club? Yes or No

Signature of Parent or Guardian \_\_\_\_\_

I hereby authorize OLA to deduct the payment for the Enrichment Club from my SmartTuition\* Account.

Please check the School Life tab on our website for Enrichment Club details. If you have any questions or concerns contact Chris Yobaccio, Enrichment Club Coordinator at [cyobaccio@olalynnfieldschool.com](mailto:cyobaccio@olalynnfieldschool.com)

**Turn over to complete Waiver**

# Enrichment Club Waiver

I/We, the parent(s)/guardian(s), give permission for \_\_\_\_\_

Student's Name

to attend \_\_\_\_\_

on \_\_\_\_\_ with \_\_\_\_\_

Date

Teacher in charge

Club Cost \$ \_\_\_\_\_

Special Instruction:

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In consideration for my/our child's participation, I/We hereby release, indemnify and save harmless the school and it's agents from any and all liability for any and all harm that my/our child may sustain as a result for this program.

In case of injury, I/We give my/our permission for my/our child to be treated by a physician.

Parents/Guardian Signature: \_\_\_\_\_

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

Emergency Number: \_\_\_\_\_

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

Emergency Number: \_\_\_\_\_

Please list any allergies your child may have: \_\_\_\_\_