

HYDRA Programs Registration Form

HYDRA Director: Mindy Wise, 706-376-8899, hartwellhydra@gmail.com

PARTICIPANT INFORMATION

Please type or print legibly.

Last Name: _____ First Name: _____

Gender: Female Male Current Grade: _____ Age: _____ T-Shirt Size: _____

School attending for year 2020-21: _____ Grade: _____

Home address: _____

City: _____ State: _____ Zip Code: _____



Please list ADA Accommodations needed:

(1) Parent Name: _____ Parent Cell Number: _____

Address (if different from child): _____

Parent email: _____

(2) Parent Name: _____ Parent Cell Number: _____

Address (if different from child): _____

Emergency Contact/Authorized Pick-up (not a legal guardian): _____

Contact Number: _____ (a legal ID will be required for pickup)

Specify any of your child's health problems: _____

Is your child on any medication? No Yes If so, please specify: _____

Meals & Snacks: Food & drinks will be provided by HYDRA. Please do not send additional food with your child unless he/she has special dietary needs. Water bottles are encouraged; glass bottles are not allowed.

Payments (circle one): Payments accepted: CASH, CREDIT, or PAYPAL. **One-time Registration fee:** \$20

After School Program Fees: \$40 per week per child; additional same family siblings \$35 per week

After School Program Drop Off Time is 3:00 p.m. & Pick-Up Time is 5:45 p.m.

* A \$1 fee will be charged for every minute late after 5:45 p.m.

School Break or Summer Camp Fees: \$25 per day per child or \$90 per week per child

School Break or Summer Camp Drop Off Time is 7:30 a.m. & Pick-Up Time is 5:30 p.m.

* A \$1 fee will be charged for every minute late after 5:00 p.m.

Circle Program Registered: After School School Break Camp Summer Camp

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

I understand the registration and program fees are due prior to my child attending this program. HYDRA does not provide make-ups or refunds for any days missed for any reason.

EMERGENCY INFORMATION:

You have my, or our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child _____ as they may deem advisable.

Parent/Legal Guardian Name: _____ **Date:** _____

Parent/Legal Guardian Signature: _____ **Date:** _____

Student Allergies: _____

Student Medical Problems: _____

Doctor's Name: _____ **Phone Number:** _____

Insurance Carrier: _____ **Policy Number:** _____

Who is financially responsible for the student? _____

I hereby give permission to **HYDRA of Hartwell**, to photograph and/or videotape the student for educational or promotional purposes. _____ (Initials)

PARENT STATEMENT

I hereby state that (child's name) _____ is in good mental and physical health condition to participate in the activities provided by **HYDRA**. I am fully aware that any activity creates the possibility of injury of persons or property. I hereby release **HYDRA, its employees and its staff** from liability to the above named participant, of the person claiming through him/her, arising from injury to the person or property of the above named participant occurring in the premises of **HYDRA**, including any event sponsored or sanctioned by **HYDRA** and/or travel to and from such activities.

I understand that **HYDRA** has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of the program, etc.) or becomes involved in any activity or with any persons not associated with **HYDRA** or its scheduled program and that **HYDRA** has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply.

Parent Signature: _____ **Date:** _____