

# 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 2021-22: \_\_\_\_\_ 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: \_\_\_\_\_

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**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 \$100 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 5:30 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.

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**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:** \_\_\_\_\_

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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)

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**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:** \_\_\_\_\_