

Policy / Liability Sheet

Injury I understand that participants in the F.A.S.T. Northshore Knights Enrichment Program do so at their own risk and that the instructor does not provide accident insurance.

Refunds There are no refunds for missed classes unless a medical emergency occurs (doctor's note needed) or the activity is cancelled due to lack of enrollment.

Returned Checks A \$25 fee will be charged for returned checks.

Photos I also understand that Northshore Elementary staff and the Yearbook staff will occasionally take pictures of the enrichment classes and that the photos may include me or my child. I hereby authorize use of these photos for promotional or marketing purposes at the discretion of Northshore Elementary.

I give permission for my child, _____ to participate in the Northshore Elementary After School Enrichment Program. In doing so, I hereby absolve the Northshore staff and instructors from all liability that may arise as the result from above named child's participation in this program. I recognize and acknowledge that there are certain risks inherent in my child's participation in said program and I agree to assume the risk of accident or injury sustained in connection with the program. I further release Northshore Elementary School, its officers, employees, agents, and volunteers from all liability that may arise as the result from above named child's participation in the listed activities. I realize that the Northshore Elementary is not responsible for lost or stolen articles. I have read and fully understand the terms of this waiver, release, and indemnity.

Parent/Guardian Name (please print)

Date

Parent/Guardian Signature

Permission to Stay After School

(Please Print)

Child Name: _____ **Grade:** _____ **Homeroom Teacher:** _____

I give my child permission to stay for the Northshore After School Enrichment class(es) on the day(s) listed below.

Class(es) & Days _____

*Will your child be a **car rider** or go to the **YMCA After School Care**? Circle one please.*

I authorize the following adults to pick up my child: _____

I have read and understand all the guidelines for the FAST Enrichment Program. I agree that an authorized adult listed above will arrive no later than 4:00pm to pick up my child.

Parent/Guardian Signature

Date