****

**Elementary and Middle School Enrollment Form- Fall 2017**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *First Middle Last*

Student’s School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Circle One: Boy Girl

**Parent/Guardian Names & Phone Numbers:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Others authorized to assume care for your child if you cannot be reached:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of accident or serious illness, the Frazee Center has my permission to seek medical care for my child. I authorize appropriate care and treatment be rendered to my child by any physician and/or hospital. I will assume responsibility for the emergency care and/or transportation for said child.

Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Frazee Permission**

I give my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, permission to attend field trips with an approved Frazee Center volunteer or staff person. My child has permission to ride in the volunteer/staff member’s car, Frazee mini-van, or bus to and from the destination. I also give the Frazee Center volunteer/staff member permission to give medical care to my child if needed, including over the counter medications unless an allergy to that medication is stated in the appropriate location on this form.

My child has permission to participate in religious activities of the program as well as meet with the Frazee Guidance Counselor.

I give permission to photocopy report cards, progress reports and contact teachers:I understandthat the Frazee Center staff will be contacting my child’s teacher and school counselors throughout the year as well as keeping records on my child’s report card as a way of tracking my child’s academic performance and behavior. Frazee Center staff has my permission to access the Parent Portal in order to further support the student academically. I give my permission to Frazee Center staff to sign paperwork needed for Frazee activities.

I understand that my child or I may be photographed or videotaped and give my permission for the use of such photos or video for the promotion of the Frazee Center.

My child has permission to participate in the Mentor Upstate and meet with a mentor once a week/month.

My child has my permission to walk home from the Frazee Center if he/she is not scheduled to be picked up by car. I agree to pay any fees I incur for late pick up.

As the parent or legal guardian of my child, I hereby consent for my child to attend and participate in all activities provided by the Frazee Center.

**Signed**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature of Parent or Guardian)

FRAZEE CENTER PARTICIPANT AGREEMENT, RELEASE, AND ASSUMPTION OF RISK

Please read this document carefully. It must be signed by a parent or legal guardian of a minor participant at the Frazee Center. Parent or guardian is referred to in this agreement as “parent”.

 In consideration of the services of the Frazee Center, I, the undersigned parent of a minor participant (for himself or herself and, to the maximum extent allowed by the laws of South Carolina, on behalf of the minor participant) in an activity of the Frazee Center, acknowledges and agree as follows:

 Activities and Risks: I understand that the Frazee Center experience may involve activities and interactions that are new to me or my child. I understand that these activities include, but are not limited to swimming, various sports, transportation in vehicles and field trips. These experiences come with certain risks and uncertainties beyond what I, or my child, may be accustomed to at home. These are activities that involve the risk of personal injury and even death, and loss or damage to property. I understand that Frazee Center activities occur in diverse areas, on or near water and subject to weather conditions that may cause harm. Participants may slip and fall resulting in strains, sprains and broken bones and suffer from exposure to extreme weather.

 I realize that no environment is risk-free and that other risks will be encountered. I, and my child if applicable, understand the importance of abiding by Frazee rules, and I, or my child and I both agree that he or she will obey Frazee rules and the rules of the group’s leaders.

 Assumption of Risks: I am aware of the risks of the Frazee activities. I understand that Frazee cannot safeguard against all such injuries, and I expressly acknowledge and assume all the risks of the Frazee activities, inherent and otherwise, and whether or not described above.

 Release and indemnity: As a parent on behalf of my minor child who is a participant in Frazee Center activities, my spouse, my other children, my parents, my heirs, assigns, personal representatives and estate, hereby agree to release and not to sue, and to indemnify, Frazee Center, its officers, agents, volunteers, mentors and employees, and any federal, state or local agencies which have jurisdiction over lands or properties upon which Frazee Center programs operate (the Released Parties) with respect to any claim of liability, settlement, judgment, award or cost of defense and attorneys’ fees, including negligence, (but not gross negligence) arising from my, or my child’s enrollment or participation in an activity of the Frazee Center.

 Indemnity: I further agree to indemnify (that is, protect and pay, including costs and attorneys fees) Frazee Center and other Released Parties from any and all claims, including those brought by the child, a member of his or her family, a co-participant or any other person, arising out of injuries or other losses suffered by the child or caused by the child, and which are in any way connected with the child’s enrollment or participation in an activity of the Frazee Center.

 Other: I agree to fully disclose all physical, mental and emotional conditions that could impact the safety or success of the program or cause me or my child to be a danger to himself or herself or to others. I authorize the staff and volunteers of the Frazee Center to provide or obtain such medical information for my child as they deem appropriate and to exchange medical information with third party care givers.

 I agree that any dispute or cause of action arising between me or the child and any Released Party, arising from this agreement or otherwise, may be brought only in a court of competent jurisdiction located in Greenville County, South Carolina and shall be construed in accordance with the substantive laws of South Carolina. In addition, I understand and agree to the Terms of Agreement as stated in this waiver.

 I authorize and agree to the use by the Frazee Center of any and all photographs and other images and statements by, of or about me or my child, as deemed suitable by the Frazee Center, without compensation.

I agree to be responsible for and agree to reimburse the Frazee Center for loss of or willful destruction by me or my child of any equipment belonging to the Frazee Center. The Frazee Center will not be responsible for my or the child’s possessions which may become lost or stolen while I, or he or she, is engaged in an activity of the Frazee Center.

The duration of this agreement is one year from the date of its being signed, if not sooner expressly cancelled or replaced in writing.

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION- Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Must be completed for participants under the age of 18)

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student's date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By printing & signing your name below, you agree that you have read, understood and agree to this entire document

**Parent/Guardian Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any medical/mental conditions and medications our staff should be aware of : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_