



Alma Explore Program, 1700 N. Pine Avenue, Alma, MI 48801 463-3111 ext. 6295

Alma Explore Program 2013 Enrichment Classes REGISTRATION INFORMATION

Participant Name _____ Grade: _____
(if participant is a minor)

Parent or Guardian name, if participant is a minor _____

Address _____ City _____ Zip _____

E-mail _____ Cell phone _____

Home Phone _____ Work Phone _____

Emergency Contact/Health Information: Please list two neighbors or nearby relatives that we may contact in case of an emergency. In case a child is ill, we will call the parent/guardian first.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Health Concerns: NONE ASTHMA DIABETES EPILEPSY OTHER _____
ALLERGIES (Please list) _____

CLASS NAME	CLASS FEE	MATERIALS
Total		

___ yes ___no I give permission for the program to take photos or video during classes to be used for promotional activities.

To register complete the form and mail to: Alma Explore Program, 1700 N. Pine Avenue, Alma, MI 48801 ATTN: Susan Smoker ALL CHECKS SHOULD BE MADE PAYABLE TO: ALMA PUBLIC SCHOOLS

Liability Waiver

I the undersigned do hereby give my permission to the above named to participate in the Alma Explore Program Enrichment classes indicated. I understand that the instructor, Explore Program staff, City of Alma and Alma Public Schools staff is not liable for any injuries incurred and/or damage to the personal property during the program. In case of accident or illness, the program may contact me or the above mentioned acquaintances. Further I give permission to secure emergency medical and/or emergency treatment for the above named participant while in the Alma Explore Program Enrichment Program.

Signature of Adult Participant or Parent/Guardian of Minor

Date