

PTA After-School Clubs - SPRING 2012

REGISTRATION AND CHECKS ARE DUE BY FEBRUARY 13th IN DRAWER BY FRONT DOOR OR MAILED TO EFFIE HAN, 23 DANTE ST, LARCHMONT, NY 10538. NO LATE FORMS ACCEPTED.

	CLUB NAME	DAY	ALTERNATE	DAY
1st Club				
2nd Club				

NOTE: A SEPARATE CHECK FOR EACH CLUB & ALTERNATE MUST BE ATTACHED TO BE CONSIDERED IN LOTTERY. All checks should be made out to MURRAY AVENUE PTA. Unused checks will be destroyed.

Child's Name: _____ Grade: _____ Teacher: _____

Parent Name: _____ Phone: _____ Email: _____

List phone number, type (cell/home/work) and name of contact for pickup or absence:

1st Phone: _____ Type: _____ Name: _____

2nd Phone: _____ Type: _____ Name: _____

3rd Phone: _____ Type: _____ Name: _____

Local Emergency Contact: _____ Phone: _____ Cell: _____

Allergies / Medical Information / Problems: _____

DISMISSAL INSTRUCTIONS: Is child permitted to leave club on his/her own? YES _____ NO _____
(Parent Signature)

If **NO**, list all adults your child may be dismissed to: _____

You are giving your child permission to participate in a Murray Avenue After-School Clubs from March 5 through May 31 at Murray Avenue Elementary School in Larchmont, NY. Furthermore, you, your heirs, executors and administrators, remise, release and forever discharge Murray Avenue PTA, Mamaroneck-Larchmont Council of PTAs, Westchester-East Putnam PTA, and the New York State Congress of Parents and Teachers Inc., and all PTA officers, employees and agents of each of the foregoing, acting officially or otherwise, from any and all claims, demands, actions, or causes of action on account of referred. You certify that your child is in good health to the best of your knowledge and belief. In case of illness or accident, permission is granted for emergency treatment to be administered and that you will assume full responsibility for any such action, including payment of costs. Listed above are your child's allergies, medicine reaction or unusual physical condition(s) that should be made known to a treating physician.

Signature

Print Name

Address