

After School Registration

Cornwell Center at Myers Park Baptist Church

2001 Selwyn Avenue

Charlotte, NC 28207

Afterschool Participant:

First Name _____ Last Name _____

Address _____ Apartment #: _____

City _____ State _____ Zip _____

Home phone () _____

Birth Date ____/____/____ Gender _____

School Name _____ Grade _____ Teacher _____

Parent/Guardian Information:

First Name _____ Last Name _____

Home phone _____ Cell _____ Email: _____

Relationship: _____

First Name _____ Last Name _____

Home phone _____ Cell _____ Email: _____

Relationship: _____

Additional Emergency Contact:

Name _____ Phone _____ Relationship _____

Authorization For Child Pick Up (other than parental guardian):

First Name _____ Last Name _____

Birth Date ____/____/____ Gender _____ Cell _____ Relationship: _____

Driver's License # _____

Registration Fee:

	Member	Non Member					
5 days	\$400	\$450					
4 days	\$385	\$425	M	T	W	TH	F
3 days	\$350	\$385	M	T	W	TH	F
2 days	\$250	\$300	M	T	W	TH	F
1 day	\$135	\$160	M	T	W	TH	F

Transportation and Photo Release

I give permission to the Cornwell Center staff to transport my child on designated field trips and to publish any photo or videos that may be taken of my child for Cornwell Center use.

Signature: _____ Date: _____

I understand that the Cornwell Center at Myers Park Baptist Church assumes no responsibility for injuries or illnesses which may be sustained as a result of participation in any athletic activities, sports programs, the use of any equipment, exercise or other activities. I acknowledge that I assume the risk for any and all illness which may result from participation in these. In consideration of the privilege of participating at the Cornwell Center, I hereby voluntarily release and discharge the Cornwell Center at Myers Park Baptist Church and its agents, servants and employees from any and all claims for injury, illness, death, loss or damage which may be suffered as a result of participation in these activities. A parent/responsible party must discuss with the Cornwell Center director any special conditions or circumstances involving their child prior to registration. I agree to have a physician examine my child/me within a reasonable time prior to the start of the program/activity to determine my child/I am free of communicable disease and has not been exposed to such. I hereby give permission to the medical personnel selected by the Cornwell Center staff to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes and to provide or arrange necessary related transportation for me/my child in the event of medical emergency. I understand that no accident/medical insurance is provided with this activity.

Preferred Hospital in Case of Emergency _____

Signature of primary member: _____ Date: _____

Signature of Cornwell Center staff: _____ Date: _____