

# After School Registration

## Myers Park Traditional Elementary

**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: \_\_\_\_\_

**Authorization for Child Pick Up (other than parental guardian):**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender \_\_\_\_\_ Cell \_\_\_\_\_ Relationship: \_\_\_\_\_

Driver's License # \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender \_\_\_\_\_ Cell \_\_\_\_\_ Relationship: \_\_\_\_\_

Driver's License # \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender \_\_\_\_\_ Cell \_\_\_\_\_ Relationship: \_\_\_\_\_

Driver's License # \_\_\_\_\_

**Emergency Contact (other than parental guardian)**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Preferred Hospital in Case of Emergency: \_\_\_\_\_

<b><u>Enrollment Fee:</u></b>	
AFS 2010-2011 participants:	\$25
Cornwell Members:	\$40
Community Member:	\$40

		<b><u>Registration Fee:</u></b>				
	Member	Community				
5 days	\$210	\$250				
4 days	\$200	\$230	M	T	W	TH F
3 days	\$185	\$210	M	T	W	TH F
2 days	\$135	\$170	M	T	W	TH F
1 day	\$75	\$85	M	T	W	TH F

## Bank Draft

I hereby authorize The Cornwell Center to initiate debits from my checking account or Credit/Debit card. The authorization is to remain in effect until The Cornwell Center has received **15 days written notification** from me terminating this agreement, or until The Cornwell Center or BANK has sent me 15 days notice of The Cornwell Center's or Bank's termination of the agreement. The Cornwell Center will send a 15-day notification of any change in the amount to be drafted. Should my membership draft not be honored by my BANK for any reason, I realize that I am still responsible for that payment and a second attempt to collect, including a Cornwell Center service charge, will be made prior to my next draft. This is in addition to any service fee my BANK may make.

DATE TO BE DRAFTED EACH MONTH \_\_\_\_\_ (Cornwell provides) Draft Authorization \_\_\_\_\_ (initials)

## 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: \_\_\_\_\_

## Wavier

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, and 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 have 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.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Cornwell Center staff: \_\_\_\_\_ Date: \_\_\_\_\_