

After School Registration Through The Week School

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: _____

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

		<u>Registration Fee:</u>				
	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: _____

Waiver

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: _____