



## Alma Bryant High School After School Enrichment Program

2023-2024 Permission Form

### STUDENT INFORMATION (PLEASE PRINT)

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

Preferred Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_

School Student ID # \_\_\_\_\_

My student will be in the \_\_\_\_\_ grade for the 2023-2024 school year.

### PERMISSION WAIVER

**I give my child permission to participate in the ABHS After School Enrichment Program and do solemnly release Alma Bryant High School from any injury liability that may result from participation in the program. Such programs shall include but are not limited to recreational activities, field trips, games, etc. I give permission to Alma Bryant High School staff to seek emergency medical care for my child in the event an emergency occurs and that I cannot be reached. I also give my permission for my child to be photographed while participating in the ABHS After School Enrichment Program and permission to use the internet for educational activities.**

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

### EMERGENCY CONTACT (PLEASE PRINT)

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

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Does your child have medical insurance? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, name of insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Please list people you approve to sign your child out from the program.

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

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

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