



Wellsville Joint Recreation Commission and USD #289  
WJRC ASAP Program Registration Form

Student First and Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Age: \_\_\_\_\_ Grade Level: \_\_\_\_\_

**PARENT INFORMATION**

Parent/Legal Guardian: \_\_\_\_\_

Phone: (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Phone: (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Email Address: \_\_\_\_\_

**SIGN OUT INFORMATION**

My child has permission to be picked up after 3:30 pm or in case of emergency by:

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

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

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

**ALLERGIES AND SPECIAL ACCOMODATIONS**

Does your child have any allergies? Yes or No **IF SO**, please note: \_\_\_\_\_

Will your child need special accommodation to be addressed? Yes or No **IF SO**, please note:

\_\_\_\_\_

**DISCIPLINE**

Participation in the WJRC ASAP Program is a privilege. A child must follow the rules of the program. Disruptive or disrespectful behavior towards other students or staff is cause for dismissal. We encourage you to discuss concerns about your child's behavior with the ASAP Staff. Initial \_\_\_\_\_

**RELEASE FORM SIGNATURE**

Safety is a priority for all students and staff participating in the ASAP Program. A staff member may call the authorities if a situation feels unsafe. I hereby release and discharge the Wellsville Joint Recreation Commission, USD #289, the City of Wellsville, and its representatives, successors, and assigns, from all liability arising from accident, injury, and illness that I (he/she) may suffer because of my (our) participation in this activity. I (we) also will follow all rules and regulations set by the Recreation Commission and above-named parties.

**SIGNATURE OF PARENT OR GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_