

2018 FALL REGISTRATION FORM

Section I	Registrant Information	Date _____
Name: _____		
Address: _____		
City: _____ Zip: _____		
Home Phone (____) _____ Cell (____) _____		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth _____		
Grade in School _____ Age _____ Check Appropriate Box: <input type="checkbox"/> Asian		
<input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Other: _____		
Name of School _____ City _____		
Parent's Name _____ Phone _____		
Emergency Contact: _____		
Relationship _____ Phone _____		
Any health conditions or medications that may limit activities: _____		
Email Address: _____		
1st time taking Above The Clouds Class? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a change in information? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Volunteering

Above The Clouds thrives on parents volunteering throughout each session. There are many ways to help and those that help will be given first opportunity to go on field trips when they do arise. If you choose not to volunteer it does not mean that you will never be able to go on field trips, it just means you will only get the opportunity if there are extra tickets.

☐ I wish to volunteer this semester

☐ I DO NOT wish to volunteer this semester

Section II	Class Information
Class Name: _____	Location _____
Class Name: _____	Location _____

Section III

Consent

During the course of the programs of Above The Clouds (ATC), we from time to time will take video and still photos to be used for promotional, instructional, public relation materials, social media, or any other purposed allowed by the law. Participants will not be notified a head of time if footage will be used. Also, there is no compensation to be paid for any of the photos or videos used by ATC.

☐ I consent to the use of video and still photography.

☐ I DO NOT consent to the use of video and still photography.

I hereby RELEASE and DISCHARGE that Above The Clouds, Holton Youth + Family Center, Eastbrook Academy, Journey House, Milwaukee Academy of Science, New Beginnings Are Possible, and Silver Spring Neighborhood Center from any and all liability, claims, demands or causes of action that you/family members may have for injuries and damages arising out of the activities, or information herein arising out of the above class(es). There are no medical or physical conditions that might prohibit my child from participating in any ATC classes or would be against doctor's recommendation. I also understand that my child or myself may be taken out of any class(es) without prior notice if found to be endangering, threatening, or indicating acts of violence to other participants, instructors, or to any site listed above.

I acknowledge and understand that if the participant misses more than 2 weeks in a row or has poor attendance, unless there is a signed and dated doctor's note, they will be pulled from the class for the semester. If this happens, they will be put on the waiting list for any classes (if available) that they sign up for the next semester.

By signing below I am agreeing to the above consent and that all the information on this sheet is accurate to the best of my knowledge.

Signature (or parent if under 18) _____

Date _____

Please return form to: Above The Clouds, 510 E. Burleigh,
Milwaukee, WI 53212

