Play On! Executive Arts. LLC Registration and Waiver

Executive Arts, LLC DBA Play On! does not provide refunds or credits for absences or withdrawals unless the program is cancelled by Executive Arts.

If your child is on an IEP, please provide a copy of the accommodations so we can best meet your child’s needs.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Host School and Session Dates |  | | Student First and Last Name |  | | Student Birthdate |  | | Student Grade |  | | Student ID (used for grant reporting only) |  | |  |  | | Allergies or Medical Conditions |  | | Medications |  | | Emergency Contact Name and Phone Number |  | | Adults Authorized to sign student out |  | | Does child go to school based after care after Play On!? |  | |  |  | | Parent Guardian 1 Name |  | | Parent Guardian 1 Address |  | | Parent Guardian 1 City, State, Zipcode |  | | Parent Guardian 1 Phone Numbers |  | | Parent Guardian 1 Email(s) |  | |  |  | | Parent Guardian 2 Name |  | | Parent Guardian 2 Address |  | | Parent Guardian 2 City, State, Zipcode |  | | Parent Guardian 2 Phone Numbers |  | | Parent Guardian 2 Email(s) |  | |  |  | | Doctor Name |  | | Doctor Phone Number |  | |

Check the boxes, sign electronically or by hand and email to [executivearts@comcast.net](mailto:executivearts@comcast.net)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | |  | I give permission for Play On! to take and use photos of my child participating in class for promotional purposes. | |  | I give permission for my child to have water-based face paint applied. | |  | I give permission for Play On! to administer the following medications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the event my child has an allergic reaction. I agree to hold Play On! and its staff harmless for any complications arising from administration of above medications. | |  | In the event of an emergency and I cannot be reached, I give permission for Play On! to secure medical treatment for my child. | |  | I give permission for emergency personnel to treat the student named above. I accept responsibility for all medical expenses incurred. | |

I waive, release and discharge any and all rights and claims for damages against Executive Arts, LLC DBA Play On! and its instructors arising or resulting from participation in class/camp. I attest and verify that I have full knowledge of the risks involved in this activity and I will assume those risks for the student registered above.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_