

2020 SUMMER REGISTRATION FORM

SECTION I ~ REGISTRANT INFORMATION

Child's First Name: _____

Child's Last Name: _____

Address: _____

City: _____ Zip: _____

Date of Birth _____ Age _____

Gender: Male Female

Grade in School: _____

Name of School: _____

City Where School is Located: _____

Ethnicity: African American Asian Caucasian
 Hispanic Hmong Other (please list): _____

Any health conditions or medications that may limit activities?
 Yes No If "Yes" please list below:

SECTION II ~ PARENT/GUARDIAN INFORMATION

Primary Parent/Guardian First & Last Name:

Home Phone (____)_____ Cell Phone (____)_____

List Cell Phone Carrier (If you would like text alerts in addition to emails):

Email Address: _____

Secondary Parent/Guardian First & Last Name:

Home Phone (____)_____ Cell Phone (____)_____

List Cell Phone Carrier (If you would like text alerts in addition to email):

Email Address: _____

Emergency Contact (if Primary or Secondary listed above are not reachable) First & Last Name:

Relationship to child: _____

Phone Number (____)_____

PLEASE FLIP OVER TO THE OTHER SIDE ----->

SECTION III ~ CLASS INFORMATION

1st time taking Above The Clouds Classes? Yes No

If Yes, how did you hear about Above The Clouds?

List Name and Location of Each Class of Interest Below:

Class Name: _____ Date of Class _____

SECTION IV ~ VOLUNTEERING

Above The Clouds thrives on parents volunteering throughout each session. There are many ways to help and those that do will be given first opportunity for special events as they arise. If you choose not to volunteer it does not mean that you will never be able to participate in any of the special events, however it will be offered only if there is still availability after volunteers have been given the opportunity. We are also looking to organize a volunteer committee. Please let us know if you are interested or not by checking the appropriate boxes below:

- I wish to volunteer this semester
- I DO NOT wish to volunteer this semester

- I wish to be a part of the volunteer committee
- I DO NOT wish to be a part of the volunteer committee



Mail completed form to:
Above The Clouds
2432 N. Teutonia Ave, Condo #2
Milwaukee, WI 53206

You can also email completed form to:
ATCMilwaukeeInfo@gmail.com

SECTION V ~ CONSENT

During the course of the program 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: Above The Clouds, Holton Youth + Family Center, Eastbrook Academy, Greater Galilee Baptist Church, Greater Life Community Center, New Beginnings Are Possible, and Silver Spring Neighborhood Center from any and all liability, claims, demands or causes of action that registrant/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 and any limitations have been listed in Section I of this form. 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.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending classes and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the classes may result from the actions, omissions, or negligence of myself and others, including, but not limited to, ATC employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the classes. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Above The Clouds, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Above The Clouds, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in the classes.

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 (Parent/Guardian if under 18)

Date