



PSP 2010
REGISTRATION FORM
RETURN BY JUNE 17th

STUDENT INFORMATION

Please submit a separate form for each child you are registering.

Name: \_\_\_\_\_

Address / ZIP Code: \_\_\_\_\_

Birthday: \_\_\_\_\_ Gender: \_\_\_\_\_

School: \_\_\_\_\_ Grade this fall: \_\_\_\_\_

Siblings/relatives at PSP: \_\_\_\_\_

New or Returning: [ ] First time at PSP [ ] Returning to PSP

T-shirt Size (Youth): [ ] Small [ ] Medium [ ] Large [ ] X-Large

School Lunch Status: [ ] Standard Lunch (\$49 per child) [ ] Reduced Lunch\* (\$37 per child) [ ] Free Lunch\* (\$25 per child)

\* Free or reduced lunch status will be verified with your child's school.

PARENT INFORMATION

Please provide three (3) emergency contacts, starting with the parent(s).

1 Name: \_\_\_\_\_ [ ] Home [ ] Work [ ] Cell [ ] Other

Phone 1: \_\_\_\_\_ [ ] Home [ ] Work [ ] Cell [ ] Other

Phone 2: \_\_\_\_\_ NOTE: Email necessary for parent updates

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

Relationship to Student: \_\_\_\_\_

2 Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone 1: \_\_\_\_\_ [ ] Home [ ] Work [ ] Cell [ ] Other

Phone 2: \_\_\_\_\_ [ ] Home [ ] Work [ ] Cell [ ] Other

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

3 Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone 1: \_\_\_\_\_ [ ] Home [ ] Work [ ] Cell [ ] Other

Phone 2: \_\_\_\_\_ [ ] Home [ ] Work [ ] Cell [ ] Other

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

PICK-UP AUTHORIZATION

These people may pick up my child: \_\_\_\_\_

These people may not pick up my child: \_\_\_\_\_

MEDICAL INFORMATION

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Allergies/medical issues/special needs: \_\_\_\_\_

AUTHORIZATION & RELEASE

1. I authorize my child, \_\_\_\_\_, to participate in PSP.   ✕ Initial: \_\_\_\_\_
2. I authorize PSP to authorize medical attention for my child in the case of an emergency.   ✕ Initial: \_\_\_\_\_
3. I  DO /  DO NOT give permission for my child to walk, bicycle, or take public transit home from PSP.   ✕ Initial: \_\_\_\_\_
4. I release and hold harmless any agency, including but not limited to PUMPWORKS, St. Charles, and their employees/volunteers, from any and all claims, actions, and/or demands that may arise from the performance of PSP activities.   ✕ Initial: \_\_\_\_\_
5. I agree that any photos, videos, or verbal or written quotations taken of my child or my family during PSP may be used for promotional purposes.   ✕ Initial: \_\_\_\_\_
6. In the event that I am notified to pick up my child in the case of a disciplinary, medical, or other issue, I will do so within one hour.   ✕ Initial: \_\_\_\_\_
7. I commit to picking up my child between 3:00pm-3:30pm.   ✕ Initial: \_\_\_\_\_
8. I consent to sharing my child's eligibility status for free and reduced-price meals with PUMPWORKS for the purpose of receiving a fee reduction.   ✕ Initial: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

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OFFICIAL USE ONLY

Date/Time: \_\_\_\_\_ Rcvd By: \_\_\_\_\_ Amt Pd \_\_\_\_\_ Date \_\_\_\_\_ Rcvd By \_\_\_\_\_ Method \_\_\_\_\_

Verify:  Phone & Email       Initials & Signature \_\_\_\_\_

Insurance Info       Payment Complete \_\_\_\_\_

Amount Due:  \$49     \$37     \$25      \_\_\_\_\_

Pmt Plan: \_\_\_\_\_