

ICSOS Free Fitness and Activities Program

SUMMER 2017 Registration & Health Form

Email or return completed form to Jennifer at jhargrove@icsos.us or bring to first day of program.

Check all that apply: Bishop Big Pine Lone Pine Owens Valley

Students are allowed to attend activity at schools other than their home school.

Student's full name: _____ Age: _____

Parents'/Legal Guardians' name(s): _____

We MUST be able to contact you in case of emergency

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Emergency Contact: _____ Phone: _____

Relationship to student: _____

Persons to pick up your child from activity

Name: _____ Phone: _____

Name: _____ Phone: _____

I understand my child should be picked up on time each day or check here if child is authorized to walk home. _____

Name of Child's Doctor: _____ Phone: _____

Does your child have any health problems such as asthma, diabetes, convulsive seizures, hearing or vision loss, etc.? If **YES**, please specify. _____

Is your child allergic to or has she/he reacted unusually to any medicine, insect sting or other food substance? If **YES**, please give complete details and recommendations (attach additional sheet if necessary). If your child uses an epi-pen or inhaler, please provide written instructions and talk to an instructor.

Is your child covered by health insurance? If **YES**, please list carrier and policy number.

Carrier _____ Policy Number _____

Authorizations and Discipline Policy

A three-step discipline policy is used in this program. On the first offence, the student will have a warning with his or her instructor. On the second offense, the student and instructor will call the parent/guardian to discuss the misbehavior. On the third offense, the student will be asked to be taken home. Students may be sent home on the first offence for behavior that endangers other students or staff.

I have read and understand the above consequences for breaking the rules and I understand that I will be required to transport my child home immediately should the Instructor determine it is necessary.

Parents will be notified of any illness or injury to their child and appropriate care will be given. In the event of an emergency in which I cannot immediately be reached, I authorize medical and/or surgical care for my child while he/she is attending the ICSOS Summer Program.

I give consent to Inyo County Superintendent of Schools to photograph my child. I understand and agree that this may include publishing his or her likeness in public displays, our website, or other media that may be reproduced for use by ICSOS. If you would like to request that we do not publish your child's photo in certain venues, please indicate here. _____

Parent Signature: _____ Date: _____