

Martin Luther School Summer Basketball Program Contract

Please read and sign below:

1. Payment for the summer program must be made in full prior to the start of the program. No child will be admitted to the program whose financial obligations have not been met.
2. Do not register your child unless you are sure this is the program you wish to enroll him or her in. **There will be no refunds.**
3. Children must be picked up no later than 4:00 P.M. everyday. Any child picked up after 4:00P.M. will be charged \$40 late fee. This fee must be paid **in cash at the time of pickup or the morning of the next day.** Unpaid late fees will result in the child not being allowed to participate.
4. We will make every effort to work with every parent and their child. We realize that your primary concern will be **your** child. Please be mindful that our primary concern is for every child. Therefore, we must insist on safe, proper conduct from every participant. **Failure to behave accordingly may constitute temporary or permanent dismissal from the program.** The kind of behavior that may warrant a dismissal may include but is not limited to: disrespect of counselors, staff, and director; behavior which places any other child in danger; behavior that is disruptive to the learning environment; fighting; stealing; use of foul language, etc.
5. The school building is a gum-free zone. This policy is strictly enforced. Failure to adhere to this policy may warrant a temporary or permanent dismissal from the program. The chewing of gum is strictly prohibited! Also, cell phones are required to be turned **OFF** during program hours.
6. A signed contract, **completely filled out** registration form and medical form must be submitted prior to your s child's 1st day of the program.

Child's Name: _____

I am the parent/guardian of the child listed on this contract. I have read and am aware of the conditions of this contract. By signing below I agree to the conditions stated within.

Signature: _____

Date: _____

**Martin Luther School Summer Basketball
Program
Emergency Information**

Child's Name: _____

In case of an emergency, illness or accident to the child named above, program staffers are authorized to proceed as indicated below. Please number each item 1,2,3, etc. in the order of the desired actions.

() Contact father at _____ Phone () _____

() Contact mother at _____ Phone () _____

() Contact family physician _____ Phone () _____

() Take child to hospital emergency room

() Take child to any licensed physician

() Other desired procedures _____

Please list any allergies or medical alerts: _____

**Martin Luther School Summer Basketball
Program
PICK-UP & SIGN OUT PERMISSIONS**

CHILD'S LAST NAME: _____ CHILD'S FIRST NAME: _____

THE CHILD MAY BE PICKED UP FROM THE PROGRAM BY *(individuals will need photo ID)*

1ST ADULT'S NAME: _____

PHONE: _____ RELATION TO PARTICIPANT: _____

2ND ADULT'S NAME: _____

PHONE: _____ RELATION TO PARTICIPANT: _____

3RD ADULT'S NAME: _____

PHONE: _____ RELATION TO PARTICIPANT: _____

THE CHILD MAY NOT BE PICKED UP FROM THE PROGRAM BY:

1ST PERSON'S NAME: _____

PHONE: _____ RELATION TO PARTICIPANT: _____

2ND PERSON'S NAME: _____

PHONE: _____ RELATION TO PARTICIPANT: _____

THE CHILD MAY SIGN SELF OUT AT END OF DAY:

PARENT'S NAME: _____

PARENT'S SIGNATURE: _____

**Martin Luther School Summer Basketball
Program
Photo & Video Consent**

I certify that I am the parent or legal guardian of _____, whose date
name of child

of birth is _____.
month/day/year

I give permission for my child to be photographed or otherwise recorded during the Martin Luther School Summer Basketball Program activities, and for any and all such photographs to be displayed by Martin Luther School, approved Martin Luther School partners in any medium (newsletters, web sites, etc.), whether now or hereafter known or developed.

SIGNATURE OF PARENT OR GUARDIAN

DATE