

 **Registration Form for STEAM Crashers**

**Classes are weekly from 3:15 p.m. – 4:15 p.m. January 22 – April 23**

 Monday - Hays [ ]  Jones [ ]  Pullen [ ] Reinhardt [ ]  Springer [ ]

 Wednesday - Hartman [ ]  Lyon [ ]  Nebbie [ ]  Rochell [ ]  Stevenson [ ]

 Thursday - APHE [ ]  CLP[ ]  Dobbs [ ]  Shannon [ ]

**Cost**: $30 per child per class. Account will be invoiced and payment must be made within 24 hours using the EZ Child Track Parent Portal. An e-mail will be sent to the e-mail address provided with further instructions. After first payment you will be billed on the 24th of each month and the payment will be due on the 1st. Return form to: **rock@rockwallisd.org**

**CHILD INFORMATION**

STUDENT’S NAME:       AGE:       DATE OF BIRTH:

ADDRESS:       CITY:       ZIP:

MALE/FEMALE:       CAMPUS:       GRADE:

ALLERGIES/MEDICAL CONDITIONS:

**PARENT/GUARDIAN INFORMATION**

PARENT/GUARDIAN NAME (S):

CELL#(S):      BEST EMAIL:

**Authorized Pick-Up List (other than Parent/Guardian listed above)**

NAME:       RELATIONSHIP:      PHONE#:

NAME:       RELATIONSHIP:      PHONE#:

After class my child will go to ROCK instead of parent pick up [ ]  Yes [ ]  No

[ ]  Check this box if you paid The Core for the entire year. **Please continue to complete the form but no further payment is due.**

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| **Emergency Treatment Release** |

In the event of an emergency necessitating medical attention to the student identified above, I hereby authorize that treatment be given by qualified and licensed medical personnel. I understand that I will be notified as soon as possible and that all expenses incurred in treatment will be assumed either directly by me or by my insurance coverage as noted below.

I acknowledge that liability of (i) RISD; (ii) the RISD Board of Trustees and (iii) any agents, employees, representatives, insurers, successors and assigns of the entities just named, is narrowly defined and extremely limited by Texas law and local policy.

**CONFIDENTIAL MEDICAL INFORMATION**

Family Doctor:       Telephone:

Insurance Company:       Telephone:

Parent/Guardian Signature:  Date Signed:
*By clicking the box beside “I agree”, you agree that this is valid as your signature.* [ ]  **I agree**