



2011-2012 Registration Information

Child's Name: _____ **Child's DOB:** _____

Sex: M or F **Age:** _____

Regular After School Bus Stop _____ **Grade:** _____

Student ID#: _____ **School:** _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Parent / Guardian

Name: _____

Home Phone #: _____

Employer: _____

Work #: _____

Current Occupation: _____

#1 Emergency Contact Person _____ **Phone #** _____

#2 Emergency Contact Person _____ **Phone #** _____

Physician Name: Phone #: _____

Does your child have any special medical needs? Yes No (If "Yes" please explain)

General Release of Liability:

I hereby certify that my daughter/son has my permission to participate in the TEAM UP Program for the Duval County Public Schools and will abide by the same rules as stated in the students' Code of Conduct Handbook.

To the best of my knowledge, my daughter/son is physically fit to engage in the activity in question. I understand that the Duval County School Board and its employees and agents will exercise reasonable care while my daughter/son is in their custody and care engaging in activities through the TEAM UP Program. I agree to hold the Duval County School Board and its employees and agents harmless from any and all liability, which may arise while exercising their duty of care, relating to my daughter/son for personal injury or illness that may be suffered or any loss of property that may occur to my daughter/son while participating in the TEAM UP Program.

