



Chaparral Elementary: Winter / Spring 2025 Registration

PLEASE PRINT LEGIBLY. MUST BE COMPLETED BY AN ADULT/ GUARDIAN

MONDAY: FLAG FOOTBALL

16 Weeks **\$398.00**

1st – 5th _____

TUESDAY: BASKETBALL

21 Weeks **\$498.00**

1st – 5th _____

THURSDAY: DYNAMIC SPORTS

21 Weeks **\$498.00**

1st – 5th _____

PARTICIPANT (KIDS) INFORMATION

KIDS NAME _____

GRADE/TEACHER _____

KIDS NAME _____

GRADE/TEACHER _____

PARENTS / GUARDIAN INFORMATION

PARENTS NAME _____

CELL _____

PARENTS NAME _____

CELL _____

EMAIL _____

EMERGENCY CONTACT

NAME _____

CELL _____

PAYMENT INFORMATION

CASH _____ CHECK _____

***PLEASE MAKE ALL CHECKS PAYABLE TO R2H INC. (Contact Coach Dante for more payment options) (818) 535 – 7448
coachdante@r2hsports.com***

Parent Signature _____

Date _____



WAIVER RELEASE & EMERGENCY FORM

WAIVER, RELEASE, ASSUMPTIONS OF RISK AND PAYMENT POLICIES

In consideration of the applicant's participation in the above activities, I waive and release all claims for damages in advance the Hosted School (R2H Inc, R2H Sports & Enrichment, Chaparral Elementary School & Chaparral PFC) as well as their employees, contractors, and other agents from liability. I know that these activities involve risk of accidents and I willingly assume the risk. I understand that pictures or videos may be taken during class for promotional purposes, that no child's name will be associated with them, that they will be the sole and exclusive property of R2H Inc and can be used without remuneration to the child or family. I understand that there will be a \$20 fee for returned/bounced checks or problematic credit cards. \$25 late fee if I pick my child up late. This waiver, releases and assumption of risk is binding on my heirs and assigns. No refund after Camp or Classes begins. Min/Max for Camp and Classes will be determined on a case-by-case basis. I have read, understand, and agree to this. *

_____ I've read the above and agree

Parent / Guardian Signature _____ **Date** _____

MEDICAL EMERGENCIES

The undersigned gives permission to R2H Inc, Coach Dante, Chaparral Elementary School & Chaparral PFC (For Enrichment, R2H Dynamic Sports, Flag Football and Basketball) and their Staff to seek medical treatment for the event they are not able to reach a parent or guardian. I hereby declare and will communicate in writing any physical/mental problems, restrictions, or conditions and/or Special Needs Special and or I declare the participant to be in good physical and mental health. *

_____ I've read the above and agree

Parent / Guardian Signature _____ **Date** _____

ENRICHMENT PARENT AUTHORIZATION FORM SCHOOL YEAR 2023-2024

CHILD LAST NAME _____ CHILD FIRST NAME _____ MIDDLE _____

MEMBER GENDER _____ DATE OF BIRTH ____/____/____ NEWMEMBER RETURNING MEMBER

MEDICAL INFORMATION

Name of Doctor _____ Doctor's Phone # _____

Health Insurance Company _____ Group/Policy # _____

Does your child have any allergies? NO YES; (Specify) _____

Does your child need to take medication while attending the Club? NO YES; MEDICATION(S) List: _____

Is your child current with all immunizations? NO YES

Has your child had any operations, serious injuries, diseases, or problems that may limit their physical activity? NO YES

Is there anything you would like us to know about your child? _____

EMERGENCY CONTACT: (Need Contact Info for people not listed above)

#1 Emergency Contact _____ Authorized to pick up NO YES Relationship _____

Phone Number _____

#1 Emergency Contact _____ Authorized to pick up NO YES Relationship _____

Phone Number _____

This health history is correct and the person herein described has permission to engage in all prescribed Boys & Girls Clubs of Greater Conejo Valley (BGC/GCV) activities, except as noted. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the BGC/GCV Director to hospitalize, secure proper treatment for, and to order an examination, x-ray, injection, anesthesia or surgery for my child as named above. If I cannot be reached, I give my permission to the BGC/GCV, and/or its agents, to obtain whatever medical assistance is necessary for my child at my expense. The undersigned hereby agrees to defend, indemnify and hold harmless the BGC/GCV, Conejo Valley Unified School District, and its officers, employees and agents against any and all loss, liability charges, expenses (including attorney fees), and costs of whatsoever character which may arise by reason of participation in any program. (BGC/GCV does not provide accident, medical, liability, workers' compensation insurance, or any other insurance for program participants.) I agree to carefully inspect and satisfy myself that the facilities provided are reasonably safe for their intended use. Once having conducted the inspection, I agree to expressly assume the risk of participation at the premises.

PARENT/GUARDIAN AUTHORIZATION FOR THE BOYS & GIRLS CLUBS OF GREATER CONEJO VALLEY (BGC/GCV)

- I agree to defend, indemnify, and hold harmless the BGC/GCV, Conejo Valley Unified School District, Las Virgenes Unified School District and their officers, employees and agents against any and all loss, liability charges, expense (including attorney fees) and costs of whatsoever character which may arise by reason of participation in any program.
- I give permission for the release and exchange of confidential information from the Conejo Valley Unified School District or Las Virgenes Unified School District in order to provide programs and coordinate services for my child. I understand that my records are protected under federal confidentiality regulation and cannot be disclosed without my written consent unless otherwise provided for in the regulations.
- I understand that the Boys & Girls Club of Greater Conejo Valley is not responsible for any staff outside of club duties.
- I understand the BGC/GCV covid guidelines are subject to change and the BGC/GCV aligns with the CDC Government Agency and the CA State requirements.
- I understand the **BGC/GCV Parent Handbook** is available on our website at www.bgcconejo.org and that it is my responsibility to read this Parent Handbook, become familiar with its contents, and abide by the program requirements and parent responsibilities outlined in it.

Membership Application Waiver section

- In the event of an emergency, I authorize the Club to seek medical attention and transportation for my child if deemed necessary Yes No
- I give permission for my child to be transported to and from program areas, on field trips, and in the case of an emergency Yes No
- I expect my child to stay at the Club until picked up: Yes No

Camper Behavior Waiver

- BGC/GCV reserves the right to dismiss a Camper whose conduct is dangerous, illegal, or in the judgment of the Camp Director, detrimental to the camp and/or to other Campers. Any unused tuition will not be refunded. Yes No

Photo Waiver

- I understand the BGC/GCV retains the right to use photographs, slides or video-taped material of my child taken during activities for promotional purposes and waive all rights for compensation. Yes No
- If your child is feeling sick, you agree to pick them up within 60 minutes of notification. 60-Minute Illness Pickup Waiver Yes No

Print name of Parent/Guardian: _____ Best contact number: (____) _____

Signature Parent/Guardian: _____ Date: _____