

Wholistic Learning Resources

Conditions of Participation

WLR's mission is to create a safe, healthy, nurturing learning environment for all participating students. In order to provide an atmosphere conducive to this goal, Parent/Legal Guardian of (list all participating students' names): _____ agrees to the following:

Regarding students:

1. Students will eat a nutritious meal or snack before arriving to WLR programs/classes.
2. Students may bring water bottles and/or nutritious snacks or lunch to eat during any designated breaks. All personal items will be labeled. WLR is not responsible for lost, stolen or broken items. *Please do not send sugary snacks, candy or sodas.*
3. Closed-toed shoes are required for outdoor play.
4. *No electronic devices (cell phones, iPods, MP3 players, hand-held electronic games, etc.) are to be visible during WLR classes or recess/breaks.* If student needs to use the phone, he/she should speak with a teacher or the WLR Director.
5. WLR reserves the right to dismiss a student from any class for repeated disruptive behavior. There are no refunds for dismissal.

_____ (initial) I agree to the above conditions of participation and have explained these conditions to my students.

Parent/Legal Guardian Terms & Conditions:

1. Parent will sign students in and out at the registration table. Students may only be picked up by parent or authorized person.
2. Parent will not bring students or siblings if they have a fever or a productive cough/respiratory congestion.
3. In the event of student absence, parent will contact WLR by phone or e-mail at the earliest convenience. There are no refunds for absences.
4. Medical form must be completely filled out and include current emergency contact information. Parent/guardian is responsible for advising WLR Director of any changes to the medical consent.
5. Parent will remain on-site if required by his/her charter school. Parents/guardians are welcome to relax in the lounge upstairs or in our outdoor yard.
6. Younger siblings may wait on-site with you. They may play quietly in the upstairs lounge or in the outdoor area under your supervision and at your own risk. _____ (Initial)
7. In consideration of teachers, students and others, parent will only use cell phone outside of the building.
8. Parent agrees to use reasonable care to prevent any unauthorized use, disclosure, publication, or dissemination of WLR Confidential Information to any third party. Parent will not use WLR Confidential Information for any purpose other than those necessary to directly further the purposes of WLR's services. Parent/Legal Guardian will not disclose to third parties WLR's Confidential Information without the prior written consent of WLR. Confidential Information includes names and contact information or other personal information of WLR students, parents, families, staff, volunteers, teachers and independent contractors.
9. For any reason, should parent withdraw student(s) from a charter school which has agreed to pay for WLR classes before termination of current session, parent agrees to pay for any unpaid balance due to WLR.

_____ (initial) I give WLR all rights and permission to use photographs and video taken of my child to be used for promotional and advertising purposes.

I, the undersigned as parent/guardian of the students named above, agree to the WLR Conditions of Participation and Parent/Legal Guardian Terms & Conditions.

Signature

Date

Parent/Legal Guardian's name (please print)

Emergency Contact and Medical Information for Child

Last Name

First Name

Child's Name	Date of Birth	M	F
		Sex	
Parent's/Guardian's Name	Parent's/Guardian's Name		
()	()	()	()
Home Phone	Work /Cell Phone	Home Phone	Work / Cell Phone
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		

Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact
()	()
Home Phone	Home Phone
Work / Cell Phone	Work/ Cell Phone
Address	Address
City, ST ZIP Code	City, ST ZIP Code

Medical Information

Hospital/Clinic Preference	
Physician's Name	Phone Number
Insurance Company	Policy Number
Allergies/Special Health Considerations	

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature	Date
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I release Wholistic Learning Resources teachers, staff and volunteers from liability in the case of any accident during activities related to WLR classes.

Parent's/Guardian's Signature	Date
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YOUTH WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in Wholistic Learning Resources related events and activities, the undersigned:

1. Agree that the parent(s) and/or legal guardian(s) of the participant should inspect the facilities and equipment to be used, and if the parent or guardian believes anything is unsafe, he or she should immediately advise supervisor (advisor, manager, etc.) of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each member/participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence but the action, inaction, and negligence of others, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue Wholistic Learning Resources, its affiliated clubs, their respective administrators, directors, agents, and other employees of the organization, other members/participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors or premises used to conduct the event, all of which are hereinafter referred to as "releases," from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Name of Member/Participant (print) _____

Name of Parent/Guardian (print) _____

Parent/Guardian Relationship (print) _____

Signature of Parent/Guardian _____

Address of Member/Participant _____

Telephone Number of Parent or Guardian (____) _____