

Trinity Academy After School Enrichment Program  
Winter 2012 Registration Form

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Activity You Are Registering For (circle): American Girl    Chess    Hip Hop

Date and time of activity: 9 weeks for each activity. Class from 2:55pm-3:55pm.

American Girl: January 17-24-31; February 7-14-28; March 6-13-20

Chess: January 17-24-31; February 7-14-28; March 6-13-20

Hip Hop: January 17-24-31; February 7-14-28; March 6-13-20

Cost: American Girl \$30 (Grades 1-5; limit 15 children)

Chess \$171 (Grades K-8; 2<sup>nd</sup> child from same family \$153; limit 20)

Hip Hop \$90 (Grades 5-8; may open to 4<sup>th</sup> grade if space permits; limit 30)

Make check payable to: Trinity Academy.

Submit one check with registration form(s) and indicate check number here: \_\_\_\_\_ Send to: ATTN: B.FAHERTY c/o MAEVE 7B.

As parent or legal guardian, you remain fully responsible for any legal responsibility that may result from any personal actions taken by the named student. I request that my child \_\_\_\_\_ participate in the event described above. I understand that this event will take place at Trinity Academy under the supervision of volunteers. I further consent to the conditions stated above on participation in this event. In the event of an emergency and that my child should need medical attention, I hereby consent to such treatment in the event that I am unable to be contacted.

**I understand if my child has a serious allergy or medical condition that might require Benadryl / Epi Pen, insulin or asthma medication, I must call the school nurse before the start of the event.** I also understand and agree that in the event that my child should suffer injury of any sort of injury while participating in the event described above, unless such injury is solely caused by their intentional or grossly negligent conduct, I agree to hold harmless, and not to pursue any claims against the school/school group sponsoring this activity, or any of its agents, servants, or employees, as a result of such injury.

Parent/Legal Guardian name (print): \_\_\_\_\_

Parent/Legal Guardian (signature): \_\_\_\_\_

Cell #: \_\_\_\_\_ Home#: \_\_\_\_\_

Work#: \_\_\_\_\_ Email: \_\_\_\_\_

(ALL COMMUNICATION IS DONE THROUGH EMAIL-PLEASE INCLUDE EMAIL ADDRESS)

Questions? Email [faherty6@comcast.net](mailto:faherty6@comcast.net). Thank you for your continued interest and support.