



# C.A.S. ENROLLMENT APPLICATION

## 2020-2021

21-A Oak Branch Drive  
Greensboro, NC 27407  
(336) 396-8323

### STUDENT INFORMATION:

NAME: _____ (FIRST) _____ (M.I.) _____ (LAST)	SCHOOL STUDENT ATTENDS: _____
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BIRTHDAY: _____	GRADE: K 1 2 3 4 5 6 7 8	AGE: _____	GENDER: _____
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### PARENTS/GUARDIANS:

*CALL THIS PARENT/GUARDIAN FIRST*

\_\_\_\_\_  
(FIRST) \_\_\_\_\_ (M.I.) \_\_\_\_\_ (LAST)

RELATIONSHIP TO STUDENT \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

CELL PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

*CALL IF FIRST PARENT/GUARDIAN CAN'T BE REACHED*

\_\_\_\_\_  
(FIRST) \_\_\_\_\_ (M.I.) \_\_\_\_\_ (LAST)

RELATIONSHIP TO STUDENT \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

CELL PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

When school is canceled or closed early due to inclement weather, C.A.S. does not operate.

Is there a separation, divorce or custody concern of which our staff should be aware of?  Yes  No

Is any person prohibited from picking up the child by a court order? If yes, attach a copy of the court order and an explanation.

_____	_____
Prohibited Person's Name	Relationship to Child

**EMERGENCY CONTACT AND PICK UP AUTHORIZATION:** *Persons other than parents/guardian*

List additional persons you authorize to pick up your child. C.A.S. staff may also contact these persons if neither parent/guardian on Page 1 can be reached or if neither can pick up the child in a reasonable time. (Ex. Child is not picked up by closing, child has low-grade fever, nausea, minor injury, behavior issue, personal need, etc.)

In the event of a medical emergency, 911 will be called to secure medical treatment for your child. If neither parent/guardian on Page 1 can be reached, the emergency contacts listed below will be called to help school staff locate a parent/guardian and/or to meet your child at the medical facility. *If none, write "NONE" in space below*

Name:	Relationship to Child	Cell phone	Work/ Home Phone

**MEDICAL or OTHER HEALTH CONDITIONS:**

It is very important that we know if your child has a health condition (allergy to bee stings or food, asthma, diabetes, seizure disorder, etc.), fears, or is receiving special services for any condition. What conditions should we know about?

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**By Signing this document you agree to:**

**Agreement to Participate:**

All activities involve certain inherent risks. Regardless of the care taken, it is impossible to ensure the safety of all participants. Swimming is a vigorous, athletic activity requiring coordination, balance and athletic skill. While ClubFitness is using care in conducting the program, it is unable to eliminate all risk from the activity. It is possible for participants to suffer common injuries such as muscle strains and sprains. More serious, but less frequent, injuries such as broken bones, cuts, concussions, paralysis and death may also occur. These injuries, and others, may result from such incidents as (but not limited to) slips and falls, tripping, colliding with another child or equipment, and stress placed on the skeletal system. I have read and agree to follow ClubFitness safety rules, all posted safety rules and all rules common to gymnastics, tumbling and trampoline, swimming and athletics. Further, I agree to report any unsafe practices, conditions or equipment to ClubFitness management. I certify that 1) I possess a sufficient degree of skill and physical fitness to safely participate in ClubZone or the pool; 2) I understand that I am to discontinue any time I feel undue discomfort or stress; and 3) I will indicate below any health-related conditions that might affect my ability to participate, and I will verbally inform activity management immediately. I have read the preceding information and my questions have been answered. I know, understand and appreciate the risks associated with ClubZone and the swimming pool, and I am voluntarily participating in the activities. In doing so, I am assuming all of the inherent risks of the sport. I further understand that, in the event of a medical emergency, management will call EMS to render assistance, and that I will be financially responsible for any expenses involved.

**Waiver of Liability**

In consideration of being permitted to utilize ClubZone and the pool or participate in activities at ClubFitness, the undersigned participant and parent (s) or guardian, on behalf of the participant, participant's family, participant's heirs and assigns, hereby release and agree to indemnify and save harmless ClubFitness (including its officers, directors, employees, affiliates, independent contractors and volunteers) from all liability and all claims for loss, damage or injury to persons or property, that may arise while participating in ClubZone or swimming pool that is in any way associated with the undersigned's use of the services or facilities provided by ClubFitness known or unknown, whether due to the negligence of ClubFitness or otherwise.

**Waiver of Rights of Parent/Guardian**

In consideration of being permitted to utilize ClubZone and the pool or participate in activities at ClubFitness, the undersigned participant and parent (s) or guardian, on behalf of the participant, participant's family, participant's heirs and assigns, hereby release and agree to indemnify and save harmless ClubFitness (including its officers, directors, employees, affiliates, independent contractors and volunteers) from all liability and all claims for loss, damage or injury to persons or property, that may arise while participating in ClubZone or swimming pool that is in any way associated with the undersigned's use of the services or facilities provided by ClubFitness known or unknown, whether due to the negligence of ClubFitness or otherwise.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_