



2901 Manchaca Austin, Texas 78704 512.447.8516 austin.ecoschool.org

After School & Camp Registration Form

Please mail form and payment to: Austin EcoSchool 2901 Manchaca Austin Tx. 78704

Name of Camp: _____

Dates: _____ Times: _____

Cost per child: _____ Amount enclosed: _____

Name of Camp Provider: _____

Student Name: _____ D.O.B. _____

Parent/Guardian Name: _____

Phone #: _____ Email: _____

Parent/Guardian Name: _____

Phone #: _____ Email: _____

Persons authorized to pick up your child:

Name: _____

Phone #: _____ Email: _____

Name: _____

Phone #: _____ Email: _____

Office use Only:

Office Personnel: _____ Today's Date: _____

Amount received: _____ Form of payment: _____ Check Number: _____

Notes: _____

Medical Information and Release Form

Student's Name: _____

Student's Doctor: _____ Phone: _____

Address: _____ City/State/Zip: _____

In the event that I/we cannot be reached to make arrangements for emergency medical attention, I/we authorize Austin EcoSchool, or its agents, to take my/our child to the above doctor or nearest hospital or emergency clinic for treatment. I/we give consent for any and all necessary treatment when my/our child is in the care of a AES faculty, staff or agents.

Known allergies to foods or medicines: _____

In case of emergency, please notify one of the following persons (if parent is unavailable):

Name: _____ Daytime Phone number: _____

Name: _____ Daytime Phone number: _____

SIGNATURE OF PARENT/GUARDIAN Date: _____

SIGNATURE OF PARENT/GUARDIAN Date: _____

PHOTOGRAPHY/VIDEO/SOUND RELEASE FORM

I hereby give Austin EcoSchool permission to use photographs, videos, and sound recordings of the child or me listed below for publicity, promotion, news releases, and austin-ecoschool.org web use. This might also apply to the written composition or visual art of the minor or me if it is published. Austin EcoSchool agrees that the student's name, photo, art, written work, voice, video or verbal statements shall only be used for public relations, public information, publicity and/or instruction. Austin EcoSchool further agrees that students will not be identified by name or personal details unless granted direct permission from the legal guardian. The photo, video or student statements may be used in subsequent years.

If the student and/or parent/guardian wish to rescind this agreement they may do so at any time with written notice.

Student's Name: _____ Date _____

Parent/Guardian #1 _____
(Print) (Signature)

Parent/Guardian #2: _____
(Print) (Signature)