



WATSON AYPYN AFTERSCHOOL CLUBS

Building real relationships, strong character, and a college/career ready foundation for future leaders.

AYPYN afterschool clubs at Watson is an Army funded program that promotes an afterschool learning environment that enhances academic achievement, health, and well-being among students. The program is supervised by certified district teachers. Watson offers a wide variety of academic and athletic clubs for all Watson students focused around the topics of Science, Technology, Engineering, Arts, and Math (STEAM). Clubs rotate and change throughout the year. Please check the Watson website for the most current schedule. Attendance is taken, but all clubs are voluntary. A student may attend a club from 3:00pm to 4:00pm or 5:00pm. Homework club is open from 3:00pm to 5:00pm. Clubs are open most school days but can be cancelled at any time. Watson's doors and main office close at 3:30pm. Please make arrangements for student pick-up prior to attending a club. A student may use a personal cell phone to arrange for pick-up. For emergencies only, parents may call 719-391-3269 between 3:30pm and 5:00pm.

AFTER SCHOOL CLUB INFORMATION AT A GLANCE:

-  Clubs start at 3:00pm
-  Clubs end at 4:00pm or 5:00pm
-  Certified teacher supervisor
-  Wide variety of academic and athletic clubs available, focusing on STEAM subjects
-  Check the Watson website for the most current schedule
-  Permission slips valid for all afterschool clubs are needed before students can attend
-  Outside doors will be locked
-  Main office closes at 3:30pm
-  Staff will not be available to answer phones after 3:30pm
-  Students may always attend Homework Club if their club is cancelled
-  To be released early students need to make arrangements directly with the sponsor ahead of time or have a parent note

I give permission for _____ (child's name) to stay after school from 3:00 p.m. to 4 p.m. or 3:00 p.m. to 5 p.m. to participate in Watson's After School Program. This program starts in August and runs throughout the school year. I understand that all students will obey school rules while they are participating in the after school program.

Parent/Guardian Signature _____

Please check one that applies to any parent/guardian of the student:
 Army Active Duty Non Active Duty

Note: An additional verification form will be needed for all army affiliated parents.

Parent's/Guardian's name _____

Child's Name _____

Relation to student _____

Phone Number _____

AFTER SCHOOL PROGRAM REGISTRATION FORM

With WAIVER AND RELEASE OF CLAIMS

PARTICIPANT INFORMATION (One form per participant – Copy as needed)

First Name _____ Last Name _____ Gender ___ DOB _____
School/Grade _____

Address _____ City _____ State ___ Zip _____ Home Phone _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian First Name _____ Last Name _____ Email _____
Address _____

Address _____ City _____ State ___ Zip _____

Home Phone _____ Work Phone _____ Mobile Phone _____

I, the Parent/Guardian named above, hereby request permission for the child named above to participate in the Widefield School District No. 3 (“District”) After School Recreational Program (“Program”), including any and all physical, sports, cultural, and academic activities and instruction, including any and all field trips, as offered in the Program by the District unless otherwise noted below.

PICK UP AND EMERGENCY CONTACT AND AUTHORIZED RELEASE AUTHORIZATION Please list below your emergency contact as it appears in Infinite Campus who is authorized to be contacted in case of an emergency and allowed to pick up the participant. Authorized individuals must be 16 or older and will be required to show a picture ID. Please print.

Name _____ Relationship to child _____

Home # _____ Work # _____ Mobile # _____

Only the parent/guardian whose signature appears on this registration form may make changes to the form. Any person listed as a parent/guardian on the registration form may add or remove additional person(s) to the authorized pick-up list.

By signing below, and in consideration of my child being permitted to participate in the after school program, I understand and agree as follows:

- The Widefield School District provides no insurance coverage for participants, and I will be responsible for any and all medical treatment for my child including the cost thereof.
- I will inform the building administrator or designee of any reasonable accommodations my child needs in order for them to participate in after school activities. I understand that if the need for accommodations or medical diagnoses change, it is my responsibility to update the administrator/designee of those changes.
- In the event of a medical emergency, 911 will be called and every effort will be made to contact parent(s)/guardian(s); I will keep my phone records updated with the After-school Program Coordinator. If my child has a chronic medical or health condition, I agree that calling 911 is an appropriate response if my child has a medical episode, and I have been informed of After-school Program staff members who have been trained to recognize my child’s symptoms and call 911 if

necessary. I recognize that this type of intervention may be different than the health-related services provided during the school day in the school setting.

- If my child has any allergy that could result in anaphylaxis (example: tree nut or bee allergy) I will provide an Epi-Pen to keep at the program site with a current prescription. If my child has asthma, I will provide an inhaler to keep at the program site with a current prescription. If my child self-carries their epi-pen or inhaler, I understand that a self-carry contract must be on file with the school site.
- I understand that I may have to select specific days of the week that my child will attend in order to provide accommodations and/or health related services. Once I have selected the specific days of the week on which my child will attend the Program, and understand that my child will not be allowed to attend on days they have not been scheduled.
- Unless otherwise noted above, my child has no illness, condition, or impairment that would make it unsafe for him/her to participate in sports or physical activities.
- I understand that the activities offered by the Program, including but not limited to sports, games, physical activities and field trips, entail inherent risks of injury or death and on behalf of myself and my child I voluntarily assume the risk of such injury or death to my child.
- FOR AND ON BEHALF OF MYSELF AND THE ABOVE-NAMED CHILD, I HEREBY WAIVE ANY AND ALL CLAIMS AND DEMANDS FOR RELIEF ARISING FROM OR IN CONNECTION WITH PERSONAL INJURY OR DEATH RESULTING FROM MY CHILD'S PARTICIPATION IN THE AFTER SCHOOL PROGRAM, REGARDLESS OF THE LEGAL OR FACTUAL BASES THEREOF, THAT COULD BE ASSERTED IN ANY FORUM OR MANNER WHATSOEVER, AND EXPRESSLY RELEASE, DISCHARGE, AND INDEMNIFY THE WIDEFIELD SCHOOL DISTRICT, ITS SCHOOL BOARD MEMBERS, AGENTS AND EMPLOYEES, PAST, PRESENT, AND FUTURE, FROM AND AGAINST ANY AND ALL CLAIMS AND DEMANDS WAIVED HEREIN REGARDLESS WHEN OR BY WHOM ASSERTED.
- I represent that I am the parent/guardian of the child named above, that I am over the age of eighteen (18) and that I have read the foregoing in its entirety and understand the meaning and effect thereof and intending to be legally bound here set in my hand on the date listed below.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
