



REGISTRATION FORM

Old Saybrook High School

After School Clubs
2009-2010 FALL SESSION

STUDENT INFORMATION

Name: _____

Grade: _____

Address: _____

Email: _____

Home #: _____ Cell #: _____

Emergency Contact (adult): _____

Emergency Phone #: _____

Special Medical Information Attached

CLUB INFORMATION

CLUB	Mtg. Day(s)	Total Club Fees(s)
<input type="checkbox"/> Fencing	Mon.	\$30.00
<input type="checkbox"/> Skateboarding	Fri.	\$15.00
<input type="checkbox"/> REACH Action Team	Mon	\$5.00
<input type="checkbox"/> Fitness	Mon./Wed./Fri.	\$50.00
<input type="checkbox"/>		
TOTAL DUE:		

PAYMENT INFORMATION

Cash

Check— payable to:
OSHS After School Clubs

Scholarship Requested

Other (please specify)

SIGNATURES

P A R E N T	<input type="checkbox"/> Please contact me — I would like to become involved with the OSHS After School Club Programs!
	<input type="checkbox"/> I give permission for my child to remain after school to participate in the After School Club(s) requested on this form. In the event that the emergency contact listed above cannot be reached, I grant authority to the After School Club leader to act in a medical emergency and secure medical attention at a nearby medical facility. _____ Parent Signature (Required)
S T U D E N T	<input type="checkbox"/> I wish to enroll in the After School Club(s) listed above. Once enrolled, I will participate to the best of my ability and abide by any and all rules set forth by the leader. _____ Student Signature (Required)