

WASC Consent Form

Williams After School Club, Inc.
141 Grove Street
Auburndale, MA 02466

Date:

Phone: 617-527-8444

Fax: 617-559-2013

www.williamsafterschool.org

Child's Name:

CHILD RELEASE (OPTIONAL CONSENT)

Occasionally while at WASC, children spend time with their Williams Elementary School teachers and/or staff. WASC will only release your child to Williams Elementary School teachers and/or staff when written authorization from you is on file and there is a written request from the Williams Elementary School personnel.

- No, I DO NOT give my permission to release my child to Williams Elementary School teachers and/or staff.
- Yes, I give my permission to release my child to Williams Elementary School teachers and/or staff.

I understand that WASC is not responsible for my child while he/she is with Williams Elementary School teachers and/or staff. WASC assumes responsibility when my child returns to the afterschool program and checks in with the WASC educator.

Signature: _____

Date (mm/dd/yyyy):

 / /

CHILD INFORMATION/CONSULTATION (OPTIONAL CONSENT)

To better serve the families of WASC, our educators sometimes find it helpful to confer with Williams Elementary School teachers and/or staff.

- No, I DO NOT give my permission to confer with Williams Elementary School teachers and/or staff.
- Yes, I give my permission to confer with Williams Elementary School teachers and/or staff.

I understand that it may be necessary to share information concerning my child between WASC and Williams Elementary School teachers and/or staff that may be helpful to best serve the interest of my child.

Signature: _____

Date (mm/dd/yyyy):

 / /

LIABILITY (REQUIRED CONSENT)

WASC program Officers, Directors, Employees, and Agents are released and held harmless from liability arising out of, or in connection with, my child's participation in the afterschool program.

- Yes, I acknowledge and agree to the release and waiver of liability associated with WASC.

I understand and waive WASC program Officers, Directors, Employees, and Agents from any liability of injury, loss or damage to personal property associated with my child's participation with the afterschool program. Waiver is made to the maximum extent permissible under applicable law.

Signature: _____

Date (mm/dd/yyyy):

 / /

PARENT HANDBOOK (REQUIRED CONSENT)

I have received and fully read the WASC Parent Handbook. I understand and agree that as condition of my child's acceptance and participation in the afterschool program that I will abide by all policies described within.

- Yes, I agree to the terms and conditions described within the WASC Parent Handbook.

Signature: _____

Date (mm/dd/yyyy):

 / /

Continue on the next page

PUBLICATION MATERIAL (CHILD'S NAME) (OPTIONAL CONSENT)

For value received and without further consideration, I hereby consent that my child's full name may be used in print by WASC for the purpose of advertising, electronic media, illustration, performance production, publication, or website, in any manner.

- No, I DO NOT give my permission to print my child's full name in material used by WASC.
- Yes, I give my permission to print my child's full name in material used by WASC.

I understand that there may be times when my child's full name may be printed on material which may be accessible or viewed by the general public outside of the confines of WASC.

Signature: _____ Date (mm/dd/yyyy): / /

PUBLICATION MATERIAL (CHILD'S PHOTOGRAPH) (OPTIONAL CONSENT)

For value received and without further consideration, I hereby consent that my child's photograph may be used in print by WASC for the purpose of advertising, electronic media, illustration, performance production, publication, or website, in any manner.

- No, I DO NOT give my permission to print my child's photograph in material used by WASC.
- Yes, I give my permission to print my child's photograph in material used by WASC.

I understand that there may be times when my child's photograph may be printed on material which may be accessible or viewed by the general public outside of the confines of WASC.

Signature: _____ Date (mm/dd/yyyy): / /

PUBLICATION MATERIAL (CHILD'S VIDEO FOOTAGE) (OPTIONAL CONSENT)

For value received and without further consideration, I hereby consent that my child's video footage may be used in print by WASC for the purpose of advertising, electronic media, illustration, performance production, publication, or website, in any manner.

- No, I DO NOT give my permission to print my child's video footage in material used by WASC.
- Yes, I give my permission to print my child's video footage in material used by WASC.

I understand that there may be times when my child's video footage may be printed on material which may be accessible or viewed by the general public outside of the confines of WASC.

Signature: _____ Date (mm/dd/yyyy): / /

WALKING FIELD TRIPS (OPTIONAL CONSENT)

Walking field trips around the Auburndale, MA community are occasionally planned as a part of the curriculum and optional activities of WASC. I give my permission for my child to take part in these activities and trips. The destination of these trips are always posted in the WASC Main Room prior to the event.

- No, I DO NOT give my permission for my child to participate in optional walking field trip activities.
- Yes, I give my permission for my child to participate in optional walking field trip activities.

I understand that there may be times when my child will participate in extracurricular activities involving participation around the local Auburndale, MA community which may be described as walking field trips. I understand that all other field trips involving transportation require a separate Permission Slip.

Signature: _____ Date (mm/dd/yyyy): / /