

GameBSD, LLC.



PROGRAM REGISTRATION FORM

Please complete the following information (Please print or type).

Student's Name:

Gender: Male Female

Student's Date of Birth (MM/DD/YYYY):

Name of Parent(s) / Guardian(s) (if student is under the age of 18):

Mailing Address:

Home Phone Number:

Work Number:

Cell Number:

Email:

EMERGENCY CONTACT INFORMATION

List two emergency contacts other than those listed above:

Contact 1 Name:

Contact 1 Relationship:

Contact 1 Home Phone:

Contact 1 Work Phone:

Contact 2 Name:

Contact 2 Relationship:

Contact 2 Home Phone:

Contact 2 Work Phone:

EMERGENCY MEDICAL RELEASE

If emergency medical care is necessary and I am unable to do so, I authorize GameBSD, LLC. to act in my behalf in granting permission for the student to receive emergency medical treatment. Students/Parents are responsible for all expenses incurred as the result of medical treatment.

RULES

- Hours of operation are for 4:30 – 7:30 P.M. Tuesday and Thursday.
- Students must leave the premises by 7:40 P.M provided the class does not run over time.
- A late fee of \$10.50 will be assessed after 7:40 P.M.
- GameBSD, LLC. is closed on all public school holidays and breaks.
- Students are required to participate in all activities as instructed by the GameBSD, LLC. staff.
- Failure to follow the rules can result in the student being expelled from the program.
- If a student is expelled from the program, there will be no refund of prior fees paid.
- Disrespect of the GameBSD, LLC. staff, refusal to follow instructions, fighting, bullying of any type, are ground for immediate dismissal.
- 50% of the class fee must be received 2 weeks prior to the start of first day of class.
- There is no refund for early withdrawal from the program.

HOLD HARMLESS RELEASE

I hereby waive, release, absolve, indemnify, and agree to hold harmless GameBSD, LLC., its directors, officers, organizers, sponsors, supervisory staff, participants, and any other affiliates; for, from, and against all liability because of any bodily injury, or property damage, known or unknown, which may occur or result from the participation of the above named student in any and all activities whether the result of negligence or for any other cause of the. I individually have read this release and understood all the terms. I execute it voluntarily and with full knowledge of its significance.

AUTHORIZATION TO PRODUCE AND USE AUDIOVISUAL MATERIALS

I hereby voluntary and without compensation authorize GameBSD, LLC. to produce photographs, movies, videotapes, audio-tapes, and Power Point Presentations of the below named student. This authorization is given on the condition that the materials taken or produced will be used for the purpose of community education or program promotion. I understand GameBSD, LLC. and its employees will not use these materials for compensation. I understand that this grant of permission shall only be revoked by a written instrument delivered to the owner of GameBSD, LLC. This consent shall remain in effect, unless revoked.

My child is under the age of 18. The following individuals are authorized to check-out the above-named student from all GameBSD, LLC. activities.

Name:

Relationship:

Name:

Relationship:

Name:

Relationship:

Name:

Relationship:

Parent/Guardian (if student is under the age of 18) Signature and Date:

Student Signature and Date:

Click the grey button to submit. (Check with the admin before clicking)