



Butternut Community Policing Center
907 Butternut St, Syracuse, NY 13208
(315) 422-2745, (315) 422-2746 fax

AFTER SCHOOL PROGRAM REGISTRATION FORM

CHILD'S NAME _____ AGE _____ DATE OF BIRTH _____ BOY / GIRL
(CIRCLE ONE)

SCHOOL _____ GRADE _____

PARENT/GUARDIAN _____

TELEPHONE _____ CELL PHONE _____ OTHER PHONE _____

ADDRESS _____ ZIP _____

EMAIL _____

EMERGENCY CONTACT _____ PHONE #s _____

Does your child have any allergies/food allergies/medical conditions that we should be aware of? NO YES

If YES, please explain: _____

I give my permission for my child _____ to participate in the Butternut Community Policing Center after school program. I also give my permission for the Butternut Community Policing Center to use printed materials and/or any photograph from any event that includes my child.

I understand that the Butternut Community Policing Center after school program is staffed by police officers and civilian volunteers, and operates on a first come, first serve basis, and that no space is guaranteed for my child on any particular day.

I have read the rules and code of conduct printed on the back of this form, and I have instructed my child to obey those rules. If my child is sent home and/or suspended from activities at the Center due to a violation of those rules, I agree to support the decisions of the Center leadership. I agree to keep open, respectful communication between myself and all Center staff and volunteers.

My child is presently in good health and has no serious illness or injury that would prevent him/her from participating in activities at the Center. If my child has physical limitations, I have noted same above.

I give my permission to the staff and volunteers of the Butternut Community Policing Center to take any action necessary in my child's best interest. I also give permission to paramedics, doctors, and hospitals to administer proper medical care to my child in case of an emergency.

WAIVER: *In consideration of my child's participation in recreational and educational activities at the Butternut Community Policing Center, I hereby release the City of Syracuse, Syracuse Police Department, Butternut Community Policing Center, The Father's Heart Ministries, and all officers, employees, agents and volunteers from any claims, lawsuits, liabilities, damages, or expenses that my child or I may incur relating to my child's participation in any program event(s), including transportation to and from any such event.*

Parent/Guardian Signature

Date