



## After School Life

P.O. Box 757  
Los Gatos, CA 95031  
Phone: (408) 887-9982  
Fax: (408) 871-0961

### Registration Information

Student's Name \_\_\_\_\_ School \_\_\_\_\_

Parent's Name (If under 18) \_\_\_\_\_ Phone (Home)(\_\_\_\_) \_\_\_\_\_ (Emergency Contact)

(\_\_\_\_) \_\_\_\_\_ Enrichment Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Email  
address \_\_\_\_\_ (used to communicate class information).

Signature: \_\_\_\_\_ Amount Enclosed \$ \_\_\_\_\_

**You can pay online or pay by the check.**

1) **To pay online: Visit the home page ([www.afterschoollife.org](http://www.afterschoollife.org)) and pay through Pay Pal). Download and e-mail this registration form to [info@afterschoollife.org](mailto:info@afterschoollife.org). Please sign and submit the liability waiver form attached to this form.**

2) **If paid by check, please make check payable to "After School Life". Please mail the registration form and the check to:**

After School Life  
P.O. Box 757  
Los Gatos, CA 95031

**Please sign and submit the liability waiver form attached to this form.**

**Questions?** Call 408-887-9981 or email: [info@afterschoollife.org](mailto:info@afterschoollife.org) Visit the website:  
[www.afterschoollife.org](http://www.afterschoollife.org)

## **Liability Waiver Form**

I/we realize that participation in dance/exercise classes and any other activities or classes could involve some possible personal injury. Despite precautions, accidents and injuries may occur. By signing this release form, I/we (the participant and/or the parent/guardian) assume all risks related to the use of any and all spaces used by After School Life Organization.

I/we agree to release and hold harmless After School Life organization, its teachers, dancers, staff members, and facilities used from any cause of action, claims, or demands now and in the future. I/we will not hold After School Life liable for any personal injury or any personal property damage, which may occur on the premises before, during or after classes. Furthermore, I/we agree to obey the class and facility rules and take full responsibility for my/our behavior in addition to any damage I/we may cause to the facilities utilized by After School Life. I/we also understand and agree that it is our responsibility to provide adult supervision immediately after the class.

I understand that After School Life is licensed and insured organization. In the event that I/we should observe any unsafe conduct or conditions before, during or after my/our classes, I/we agree to report the unsafe conduct or conditions to the Executive Director, Program Director, instructor or staff member as soon as possible.

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_