

To: Parents who are interested in enrolling their child for the Fall 2017-18 Crenshaw After School Care.

The **Crenshaw Athletic Club** After School Care Program has been extremely popular over the years. Reasons include the low student-teacher ratio as well as the myriad of different activities the children are exposed to throughout the year. Not only is time spent working on homework, but there is also time spent with a variety of outdoor activities. Children also get gymnastics twice a week and a dip in the pool on Fridays for free swim.

Our After School Care Program is difficult to get into because we have only a limited number of openings each year. We are pleased that we do not have many drops from the program. Due to a number of different factors, this program has limited openings each year.

We hope you will apply to one of the premier After School Care programs in Austin. As in the past, our After School Care picks up at Highland Park, Casis and Doss Elementary Schools.

Here are some things that you need to know about the registration process.

- Registration is by mail only. Postmark on letters cannot be prior to Saturday, March 4. No meter mail or special delivery.
- The registration fee for After School Care is \$100. This fee must be included with your registration information.
- You will be notified either way by email or phone. We will leave a message if necessary. You are welcome to call after March 13th to check on the status.
- If your child does not get into the program, we will return your check and place your child on our waiting list for the 2017-18 program.
- You will be on our waiting list for **ONLY** the 2017-18 school year. The waiting list is started new each year.
- Please **DO NOT** include any other applications with your ASC Application.
- Fill out the attached application, add the \$100 check and mail both to:

**2017-18 Crenshaw After School Care Program
5000 Fairview Drive
Austin, Tx 78731**

Thanks,
Crenshaws

AFTER SCHOOL CARE – SCHOOL YEAR 2017-18

Crenshaw Athletic Club - Children's Programs
5000 Fairview Drive Austin, Tx 78731 512-453-5551 fax 512-452-7875

Parent Information: New address within the last six months.

Parent #1 Name _____

Address _____ City _____ Zip _____

Home Phone _____ Parent #1 Cell _____ Parent #1 Work _____

Parent #1 Email (Print neatly) _____ We use this for important updates.

Parent #2 Name _____

Parent #2 Cell _____ Parent #2 Work _____

Email #2 (Print neatly) _____ We use this for important updates.

1st Child

Last Name _____ First _____ Sex ____ Birthdate ____/____/____

Special Information Concerning Child (Any medical limitation?): _____

AFTER SCHOOL CARE

Highland Park Elementary

Doss Elementary

Casis Elementary

GRADE IN SCHOOL (Upcoming year)

Kindergarten

1st Grade

2nd Grade

3rd Grade

4th Grade

5th Grade

2nd Child

Last Name _____ First _____ Sex ____ Birthdate ____/____/____

Special Information Concerning Child (Any medical limitation?): _____

AFTER SCHOOL CARE

Highland Park Elementary

Doss Elementary

Casis Elementary

GRADE IN SCHOOL (Upcoming year)

Kindergarten

1st Grade

2nd Grade

3rd Grade

4th Grade

5th Grade

- Important Policies:**
- 1) Registration fees or deposits are non-refundable and non-transferable.
 - 2) After School Care follows the AISD school schedule.
 - 3) Parents concerns about the programs should be directed to the office.
 - 4) Parents are required to give a 30 day written notice to withdraw from the program.

READ AND SIGN BACK

Crenshaw Athletic Club - Children's Programs
ASSUMPTION OF RISK, RELEASE AND INDEMNIFICATION

Please Read and Sign:

All precautions will be taken to prevent injuries. Simple first aid will be administered to all minor injuries and parents and/or doctors will be called when necessary. However, in the event that Crenshaws must make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize Crenshaws to take my child to Dr. _____

Phone _____ or _____ Hospital. In return for the use, today and on all future dates, of the property, facilities and services (the "Facilities") of Crenshaw Athletic Club ("Crenshaws"), the undersigned, for himself/herself, and on behalf of his/her children, heirs, assigns, and legal representatives, hereby expressly agrees to:

(1) ASSUME ANY AND ALL RISKS TO HIMSELF AND HERSELF AND/OR MY/OUR CHILDREN INVOLVED IN OR ARISING FROM OR MY USE OR MY CHILD'S USE OF OR PRESENCE UPON THE FACILITIES, INCLUDING, WITHOUT LIMITATION, THE RISK OF BODILY INJURY, PROPERTY DAMAGES OR DEATH. I/WE HEREBY AFFIRM THAT I/WE UNDERSTAND THE INHERENT HAZARDS OF ACCIDENTAL INJURY IN CONNECTION WITH ACTIVITIES OR BEING ON THE FACILITIES. I/WE UNDERSTAND THAT ANY ACTIVITY WHICH INVOLVES HEIGHT, MOTION OR WATER CREATES THE POSSIBILITY OF ACCIDENTAL INJURY. I/WE ARE FULLY AWARE OF AND APPRECIATE THE RISK OF CATASTROPHIC INJURY, PARALYSIS, AND EVEN DEATH AS WELL AS OTHER DAMAGES AND LOSSES ASSOCIATED WITH THE PARTICIPATION AT CRENSHAW AND/OR BEING ON THE FACILITIES.

(2) RELEASE CRENSHAW AND ALL OF ITS SUCCESSORS, ASSIGNS, SUBSIDIARIES, OFFICERS, DIRECTORS, EMPLOYEES AND AGENTS FROM, AND AGREE NOT TO SUE THEM ON ACCOUNT OF OR IN CONNECTION WITH ANY CLAIMS, CAUSES OF ACTION, INJURIES, DAMAGES, COSTS OR EXPENSES ARISING OUT OF MY/OUR OR MY/OUR CHILD'S USE OF OR PRESENCE UPON THE FACILITIES, INCLUDING, WITHOUT LIMITATION, THOSE BASED ON DEATH, BODILY INJURY OR PROPERTY DAMAGES; WHETHER OR NOT CAUSED BY THE NEGLIGENCE OR OTHER FAULT OF CRENSHAW, OF ITS AGENTS, EMPLOYEES, OR SERVANTS, WHETHER PAID OR VOLUNTEERS.

(3) INDEMNIFY, HOLD HARMLESS, AND DEFEND, AT MY/OUR OWN COST, CRENSHAW, ITS AGENTS, EMPLOYEES AND SERVANTS FROM ANY AND ALL LIABILITY, DAMAGES, LOSSES, CLAIMS, JUDGMENTS, COSTS OR EXPENSES, INCLUDING ATTORNEY'S FEES, WHICH IN ANY WAY ARISES FROM MY/OUR OR MY/OUR CHILD'S USE OF OR PRESENCE UPON THE FACILITIES, IRRESPECTIVE OF WHETHER SUCH LIABILITY, DAMAGES, LOSSES, CLAIMS, JUDGMENTS, COSTS OR EXPENSES WERE ACTUALLY OR ALLEGEDLY CAUSED WHOLLY OR IN PART THROUGH THE NEGLIGENCE OF CRENSHAW OR ANY OF ITS AGENTS, EMPLOYEES OR SERVANTS, WHETHER PAID OR VOLUNTEERS.

I have read and understand this agreement. I also understand a copy of this agreement will be made available for me at my request.

Signature of Parent or Guardian

Date