



EndZone (EZ) Afterschool Program Registration/Permission Form

This form automatically enrolls the student in the "Alley Adventures" program on Wednesdays at EZ!



School Year: _____

Student Name: _____ Date of Birth: _____

Home Address: _____

Student email address: _____

Middle School Name: _____

Check one box: 6th Grade 7th Grade 8th Grade

Gender: Male Female

Race/Ethnicity (optional) – Mark more than one category, if applicable:

- White Hispanic or Latino/Spanish origin Black or African American Asian
- American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Unknown

Health Concern/Medication: _____

Allergies (food or other): _____

Emergency Contact Information

(List more than one contact and phone number, if possible)

Parent/Guardian Name: _____ Cell Phone: _____

Email address: _____

Parent/Guardian Name: _____ Cell Phone: _____

Home Phone#: _____

Work Phone's#: _____

Contact name, if cannot reach Primary: _____

Phone#: _____ Relationship to student: _____

My child has my permission to participate in the END ZONE Afterschool Program at The Alley. I understand that my child must be picked up at The Alley by the designated time (5:30 PM) and my child may be required to sign a form agreeing to abide by END ZONE rules. Additional registration information may be collected by The Alley upon the start of the program.

The Alley is a safe, fun place for youth and utilizes its website and social media to build awareness. I give permission to The Alley to use my/or my child's story, photo, or other item, on The Alley's website, social media accounts, reports and publications to help us better serve the youth. I acknowledge and agree that no sums whatsoever will be due to me as a result of the use or any rights.

Parent Signature: _____

Date: _____