

21st Century Cougar Zone Registration

Student's FULL Name _____ Grade _____

Address: _____

Phone: _____ Teacher: _____

Date of Birth: _____ Gender: M or F Race: _____

Lives With: ___ Both Parents ___ Single Mother ___ Single Father ___ Joint Custody
___ Guardian ___ Foster Care ___ Grandparents ___ Other _____

Parent/Guardian Name: _____

Work Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact/Pickup List:

| Name: | Phone: | Relationship |
|-------|--------|--------------|
|-------|--------|--------------|

1) _____

2) _____

Transportation Home

☐ My student will be picked up at Grayson County Middle School

☐ Cougar Zone Shuttle Bus: please check location ☐ Picked Up ☐ Walk Home

☐ Clarkson School

☐ Hudson Fire Department

☐ Penner Apartments

☐ Cave Mill Apartments

☐ Millwood

☐ Caneyville School

Please let us know if your student has any physical limitations, special needs and/or food allergies.

Parent/Guardian Permission for Cougar Zone

**Must be signed by Parent/Guardian for student participants 18 and under. If you have any questions please contact the 21st CCLC Director Prior to completing the permission form.

I hereby give permission for the participant(s) listed to take part in the 21st Century Community Learning Centers (CLC) activities, which may include off-site events, academic assistance, continuing education, and recreational programs. If a medical emergency arises, program staff will take all steps necessary to ensure the safety of the participant and will call, if necessary, a public emergency vehicle for transport to an emergency facility. I understand that I will be

responsible for any transportation charges and medical expenses incurred. I agree that if a health condition exists now or in the future which would impact the participation of those listed on front, I will notify the 21st Century Community Learning Center staff.

I give my consent to the School District and the 21st Century Community Learning Centers (CCLC) programs to take the participant's photograph during program activities, to be used for education and public relation purposes. I further give my consent to the School District and the 21st Century Community Learning Centers (CCLC) to share the participant's student records with each other for purposes of providing educational support and improvement, as well as to evaluate the impact of the program on student achievement, The student data will also be used to fulfill the State and Federal annual progress reporting requirements to obtain continued funding for the program.

I hereby certify that I have read and do understand the above information:

Signature: _____

Print Name: _____ Date: _____