



REGISTRATION FORM 2016-2017

CHILD'S NAME

LAST NAME	FIRST NAME	AGE	BIRTHDATE	GRADE LEVEL

ADDRESS _____

TOWN, ZIP _____

HOME PHONE _____

FOOD ALLERGIES _____

EMERGENCY CONTACT (other than parents – name & phone #)

PARENT _____ CELL# _____

Hometown in Phil (if applicable) _____

PARENT _____ CELL# _____

Hometown in Phil (if applicable) _____

Communication within the Iskwalahang Pilipino community will be sent out electronically. IP business will be disseminated on this exclusive email list serve. Advertisement, forwarded email, and chain letters are strictly forbidden. Thank you for respecting the rules. Please inform IP if there are changes with your information.

EMAIL ADDRESS _____

FOR IP USE: CHECK # _____ DATE _____

RONDALLA: _____

CLASS: ILANG-ILANG _____ BONIFACIO _____

BINHI _____ SAMPAGUITA _____ RIZAL _____

CONSENT AND RELEASE AGREEMENT

I hereby consent to _____ (name of child/children) ("**Child/Children**") participating in Iskwelahang Pilipino Cultural School programs (the "**Program**"). I am aware that these activities will take place at the Bedford Town Center, Massachusetts, for a period from September 2016 to July 2017 under the supervision of Iskwelahang Pilipino, Inc. ("**IP**").

PARTICIPATION, RELEASE AND INDEMNIFICATION

I, for myself or on behalf of my minor Child/Children, acknowledge that my, or my minor Child's/Children's, participation in the Program is at my, or my minor Child's/Children's, own risk, whether such risks are known or unknown to me at this time, and I assume full responsibility for any bodily injury, death or property damage due to my, or my minor Child's/Children's, negligence or otherwise in connection with my, or my minor Child's/Children's, participation in the Program, except claim(s) finally adjudicated to be directly and specifically attributable to the gross negligence or intentional misconduct of the IP Group (defined below). In other words, I agree that I cannot sue or recover anything from IP if anything happens to me or my Child/Children in connection with my or my Child/Children's participation in the Program or any activity related in any way whatsoever to the Program, except to the extent finally adjudicated to be directly and specifically attributable to the gross negligence or intentional misconduct of the IP Group.

I, for myself or on behalf of my minor Child/Children, and our respective heirs, administrators and successors, hereby release IP, its directors, employees, officers and agents, including without limitation its volunteer teachers and staff (all together called the "IP Group") from any and all liability, claims or causes of action which may arise out of or in connection with my, or my minor Child's/Children's, participation in the Program. I, for myself or on behalf of my minor Child/Children, and our respective heirs, administrators and successors, hereby agree to indemnify and hold the IP Group harmless from any and all liability, loss, damage, cost or expense of any nature whatsoever, including all reasonable attorneys' fees and court costs, incurred by the IP Group as a result of actions taken by me, or my minor Child/Children, in connection with my, or my minor Child's/Children's, participation in the Program.

USE OF PHOTOS, VIDEOS AND IMAGES

Without additional compensation, I, for myself or on behalf of my minor child/children, hereby grant IP permission to use my, or my minor child's/children's, name, voice, likeness and biographical material about me, or my minor child/children, in connection with the advertising and promotion of the Program, for both broadcast and non-broadcast purposes in all media, in such manner and at such times as IP in its sole discretion, may deem appropriate or desirable, provided that such use relates to my or my minor child's/children's status as a participant in the Program. I, for myself or on behalf of my minor child/children, hereby waive all right of inspection and release IP from any and all liability arising out of any such use of my, or my minor child's/children's, name, voice, and likeness and/or biographical material about me or my minor child/children.

I ___ AGREE ___ DO NOT AGREE to have the following personal information printed in the IP directory: our home phone number & address (town & state only) and email address FOR DISTRIBUTION IN THE IP YAHOOGROUP.

MEDICAL EMERGENCIES

In the event that I, or my child/children, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury, I, for myself or on behalf of my minor child/children, hereby authorize and consent to the administration of all medical and/or surgical treatment(s) to my minor child/children by a licensed physician or hospital in the event I am not available to consult with the attending physician(s), attempts to contact me have been unsuccessful, and the attending physician(s) deem it advisable to proceed with such treatment(s). I will be financially responsible for all fees, and other expenses, associated with such medical treatment.

This Consent and Release Agreement is to be governed by the internal laws of the Commonwealth of Massachusetts and the United States of America.

The undersigned has duly executed this Consent and Release Agreement as an instrument under seal, as of the ___ day of _____, 2016.

Parent / Guardian signature
Print Name & Sign