



Hilltop Montessori School

# Volleyball

*Mondays 3:15pm to 4:15pm*

*Grades 3rd-6th*

**Instructor: Coach Cecilee**

**Cost: \$180**

**Maximum # of Students: 12**

**Minimum # of Students: 4**

Child's Full Name: \_\_\_\_\_ Child's D.O.B. \_\_\_\_\_

Parent #1: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent #2: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell

Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ *Persons other*

*than parents/guardians to whom child may be released:*

Name 1: \_\_\_\_\_ Phone: \_\_\_\_\_ Name 2:

\_\_\_\_\_ Phone: \_\_\_\_\_

Please let us know of any medical, physical, and/or emotional concerns and/or allergies: \_\_\_\_\_

***Please make all checks payable to: Cecilee Eddy***

# HMS After School Activities Agreement, Waiver, and Release

I certify that my child \_\_\_\_\_ is in good health and can participate in the daily activities of the After School Activities, unless otherwise notified.

1. I understand that the students will be under the care and supervision of the staff members and/or outside vendors to HMS. I hereby designate and authorize these persons to be responsible for my child. In the event medical care is required for my child, I authorize Hilltop Montessori School and the staff members who participate in this activities: a) to provide first aid and to secure medical assistance for his/her benefit, b) to authorize any doctor, hospital, or other medical service provider to give emergency medical treatment for him/her without my further consent, and c) to give or authorize non-emergency treatment to my child. I agree to pay for any such emergency or non-emergency treatment. I hereby release and hold harmless Hilltop Montessori School, its agents and/or employees, from any and all liabilities arising from the administration of first aid and from the rendering of medical services by any doctor, hospital, or other medical service provider(s). I, the undersigned, forever discharge Hilltop Montessori School from all rights and claims for damages, injury, loss to person, and/or property which may be sustained and/or occur during the participation of this and all other events sponsored and/or in conjunction with the Hilltop Montessori School.
2. I understand that no child for any reason may take part in any program if he/she is not the appropriate age set forth by the Administration at HMS and/or stated on the documents above, if he/she is not a current student enrolled at Hilltop Montessori School, and/or there are no available spaces. I am aware that asking the instructor and/or any other HMS employee for permission to attend the after school program(s) due to one or all of the item(s) stated above will not give my child entrance into this activity.
3. I understand that all paperwork must be completed. (Including; but not limited to, this Agreement and Waiver Form) All payments for after school activities must be made in full before my child can secure a place in any after school program. I am aware that all afterschool enrichment programs are subject to change based on interest and/or instructor availability at any time. I understand there are no refunds for any missed days, cancelled classes, and/or for any other reasons.
4. I hereby release and hold harmless Hilltop Montessori School and its employees, agents, officers, and principals, from any and all claims, losses, liability and expense, of whatever nature, whether for personal injury or property damage, and including litigation costs, attorneys' fees and other expenses and costs, which I and/or my child may have, which arise from or relate in any way to the programs at Hilltop Montessori School, to the extent such claims may be waived under North Carolina law, which governs this document.
5. I understand and have explained to my child that she/he must follow Hilltop Montessori School rules/policies and must follow the directions given by staff members. I understand that failure to do so may result in arrangements being made for my child to be sent home and/or removed from the Hilltop Montessori School After School Activities completely.
6. I understand that any child not picked up from an Afterschool Activity after the designated time stated above will be sent to the HMS Late Day program and the parent will be charged the appropriate late fee rate as determined by the HMS Administration.

I acknowledge that I have read the foregoing document and have legal authority to sign it as parent/guardian of my child named above. I understand that this is an Agreement, Authorization, and a Release of Potential Claims.

\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian's Name Printed)