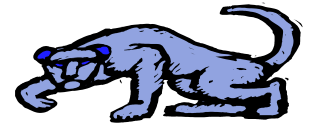




Application Form



Saturday's Kids

P.A.W.S PROGRAM

Basic Program Rules

Regular Attendance expected

Be on time

No food or chewing gum allowed

Keep hands to yourself

Wear appropriate attire, no baggy clothing

Appropriate behavior, No foul language

(Participant will be asked to leave if these rules are broken)

Have Fun!!

Youth's Name _____

Age: _____ **Grade Level:** _____ **Gender: M.** _____ **F** _____

Parent/Guardian's Name: _____

Address: _____

City _____ **State** _____ **Zip** _____

Phone: Home () _____ **Cell** () _____

Emergency Contact (Non-parent*) Name: _____ **Phone:** _____

MEDICAL PERMISSION & LIABILITY RELEASE

The undersigned parent and/or guardian of _____, a minor, hereby gives the University of Pittsburgh's Health Services permission to provide medical treatment for my son/daughter (or child in custodial care) in case of illness or an accident while enrolled in the sponsored University of Pittsburgh *Saturday's Kids* program:

Please check if your son/daughter (or custodial child) has: () Heart Trouble, () Diabetes, () Seizure Disorder, () Allergies, () Special Needs _____, () Other _____

Is your son/daughter taking any medication under a physician's direction? Yes _____ No _____

If yes, please list the name/dosage of the medication: _____

PHOTO LIABILITY RELEASE (optional)

Do you allow the program director to take pictures and/or videotape your child for teaching purposes?

Yes _____ No _____

In consideration of University of Pittsburgh allowing my child to participate in the above program, I hereby release University of Pittsburgh from any and all liability for injury to my child not due to intentional or gross misconduct:

Parent/Guardian _____ **Date** _____

Send \$15 per family fee made out to the *University of Pittsburgh* to:

Community Leisure-Learn Program

146 Trees Hall

Pittsburgh, PA. 15261;

Phone (412) 648-8278

Enrollment is limited!