

WeCode2 Registration Form

STUDENT INFORMATION

| ADDRESS | | | <u>-</u> | |
|--|--------------------------|--------------|--|--|
| | | | ZIP CODE | |
| SCHOOL | | GR | GRADE | |
| SIBLINGS NAME(S) ALSO | ATTENDING WeCod | e2 | | |
| T-SHIRT SIZE: (Circle One) LIST ANY ALLERGIES OR SI | | | | |
| PLEASE PROVIDE NAMES FREQUENCY | | | | |
| ANY SPECIAL ACCOMMOD | DATIONS REQUIRED | | | |
| PEDIATRICIAN | PEDIATRICIANPHONE NUMBER | | | |
| HEALTH CARE PROVIDER_ | | | | |
| POLICY NUMBER | | | | |
| TOLIOT HOWBER | MIPL | OOPE | | |
| PARENT INFORMATION | | | | |
| | facilitating the e | | | |
| CELL DHONE | L PHONE HOME PHONE | | | |
| WORK PHONE | NEEMAIL | | | |
| WORKTHOIL | LIV | TAIL | | |
| EMERGENCY CONTACT IN | IEO. | | | |
| NAME | NUMBER | RELATIONSHIP | IS THIS PERSON | |
| IVAIVIL | NOWBER | KLLAHONSHIF | AUTHORIZED TO PICK THE STUDENT UP FROM CAMP? (Y/N) | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



| DISMI | SSAL OPTIONS | |
|---------|---|---|
| • | I | WILL PICK-UP MY CHILD(CHILD'S NAME) |
| | (PARENT/LEGAL GARDIAN) FROM WeCode2 EACH DAY. | (CHILD'S NAME) |
| | FROM Wecodez EACH DAY. | |
| • | 1 | ALITHORI7F |
| | (PARENT/LEGAL GARDIAN) | AUTHORIZE (AUULT 18 YEARS OR OLDER) |
| | TO PICKUP MY CHILD | (AUULT 18 YEARS OR OLDER) FROM WeCode2 |
| | EACH DAY. | |
| • | 1 | GIVE MY CHILD PERMISSION TO WALK HOME FROM |
| | (PARENT/LEGAL GARDIAN | 4) |
| | WeCode2 AT | PM EVERYDAY. |
| | | |
| I | | _ACKNOWLEDGE THAT WHILE ATTENDING WeCode2, INC. |
| | | N OUTDOOR BREAKS, I.E. RUNNING AND JUMPING WITH |
| OTHE | R STUDENTS. I HEREBY RELEAS | E WeCode2, INC. FROM ALL LIABILITY FOR INJURIES |
| SUSTA | AINED WHILE MY CHILD ATTEN | DS WeCode2. |
| | | |
| I, DO I | HEREBY RELEASE TO WeCode2 | , INC., IT ASSIGNS, LICENSES, AFFLIATES AND LEGAL |
| REPRE | SENTATIVES THE IRREVOCABL | E RIGHTS TO USE MY CHILD'S PICTURES, IMAGES OF MY |
| DIGITA | AL ART, ART, PORTRAITS, PHOT | TOGRAPH OR VIDEO IMAGE IN ALL FORMS OF MEDIA AND IN |
| ALL M | IANNERS, INCLUDING COMPOS | SITE OR DISTORTED REPRESENTATIONS, FOR ANY AND ALL |
| | | S IN ALL FORMS, FOR UNLIMITED TIME, AND I WAIVE THE |
| | | FINISHED PRODUCT, INCLUDING WRITTEN COPY, THAT |
| | | THEREWITH. I HAVE READ THIS RELEASE AND AM FULLY |
| | LIAR WITH ITS CONTENTS. | |
| | | |
| | | AN OF THE MINOR NAMED ABOVE AND HAVE THE LEGAL |
| AUTH | ORITY TO EXECUTE THE RELEA | SE ABOVE. I APPROVE THE FOREGOING AND WAIVE ANY |
| RIGHT | S IN THE PREMISES. | |
| SIGNA | ATURE: | DATE: |
| ADDR | ESS: | |
| WITN | ESS: | |
| | (WeCode2 | INC. REPRESENTATIVE) |