



Middle School Programs

Our mission is to inspire and enable all young people to realize their full potential as productive, responsible and caring citizens.

We provide after-school activities, "Late Nights", "Lock-Ins", dances and field trips to encourage your student to engage in a variety of positive activities to include homework support, outdoor adventures and nature, visual and performing arts, cooking, instructional sports and fitness, and more!

In a safe environment your student will spend time interacting with their friends and positive role models while having fun!

REGISTRATION FORM

Student Name _____ DOB: _____ Age: _____

Address _____ Apt # _____ City _____ State _____ Zip _____

Gender: _____ Grade: _____ Middle School: _____

Free/Reduced Lunch: _____ Hispanic/Latino (check one): Yes No

Ethnicity (check one):
 Black/African American White Asian Native American/Alaska Native Native Hawaiian/Pacific Islander Multi-Racial

Guardian 1: Name _____ Email: _____

(W) Phone _____ (C) Phone _____

Guardian 2: _____ Email: _____

(W) Phone _____ (C) Phone _____

ZERO TOLERANCE POLICIES

Participants will refrain from the following strictly prohibited inappropriate acts of conduct:

- Racial remarks, and/or any form of verbal abuse
- Theft, fraud and/or falsifying documentation
- Use, or possession of controlled substances, weapons, intoxicants, and tobacco products
- Sexual Harassment and/or Personal Display of Affection
- Any threats and/or acts of violence
- Intimidation, Bullying, Harassment, Fighting and/or any other form of physical abuse

RELEASE OF LIABILITY: I waive all rights and release all claims that might be had against Metro Parks Tacoma, its hired or contracted instructors, and their employees and agents, for any and all injuries or losses which may be suffered because of my child's or children's participation in the above activity offered by Metro Parks Tacoma, in my consideration of permission of the District to participate in the activity.

I consent my child's participation in the activity/program of the Metro Parks Tacoma, and authorize the district and its employees or agents to provide emergency medical treatment for my child on my behalf. To the best of my knowledge, my child has no physical or other conditions, which would interfere with his/her participation.

I give my permission to have my photo or the photo of my children or child taken during programs used for publicity purposes.

Student Signature	Date	Signature of Parent/Legal Guardian	Date
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