Lucerne After School Programs Selection Form

Please indicate in the far-right which activities you would like your child to register for. Note there is limited space available and spaces will be assigned on a first come first serve basis. ***Programs start the second week after March Break****. If you need support with the registration fee, please email the office:* Nicholas.Graves@sd10.bc.ca

Activity	Date and Time	Fee	Indicate with a check mark desire to participate
Dance (Grade 1 to 3)	Monday (3:30 to 415)	$25	
Dance (Grade 4 to 8)	Monday (4:30 to 5:15)	$25	
Ukulele Club (Grade 3 to 7)	Tuesday (3:30 to 4:30)	$25	
Play Group (K to Grade 2)	Tuesday (3:30 to 5:00)	$15	
After School Shop Class (Grade 6 to 7)	Wednesday (3:30 to 4:45)	$25	
Art Club (Grade 2 to 7)	Thursday (3:30 to 4:45)	$25	

Total Amount Enclosed: _____

1. I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school or board.
2. I freely and voluntarily assume the inherent risks /hazards in the program /activity and understand and acknowledge that my child may suffer personal and potentially serious injury arising from his /her participation.
3. My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and or/ service providers administrators, instructors and supervisors over all phases of the program /activity.
4. In the event that my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I be contacted to have him/her picked up, unless I have specified other arrangements and I will be responsible for any costs associated.
5. Based on my understanding, acknowledgement and consents as described herein, I agree

that (Name of student) _____ (Date of Birth) _____has my permission to participate.

Guardian Name (please print): _____ Date: _____

Signature: _____