

Informed Consent Agreement

I desire to engage my child voluntarily in the ATFS Learning Center programs in order to occupy my child in enrichment activities. I understand the ATFS Learning Center has a friendly arrangement with their neighbors Al – Hamra Academy for the use of their playground for play time which may result in minor muscle tensions. I understand that I am responsible for monitoring my child’s physical fitness. I understand the my child will be playing outdoors in the yards and parking lot of ATFS Learning Center as well as the premises of Al- Hamra which includes the use of the playground during the day. I understand that I am responsible for monitoring my child’s condition throughout the year and should any unusual symptom occur, I will cease my child’s participation in outdoor play and inform the director of the symptoms. I understand that my child may participate in other outdoor activities such as field trips and fund raising sales as part of the programs.

Also, in consideration for being allowed to participate in the ATFS Learning Center programs, I agree to assume the risk of limited exercise and further agree to hold harmless the ATFS Learning Center , their staff as well as Al-Hamra and its staff conducting or monitoring the exercise, field trips and play programs from any and all claims, suits, losses, or related causes of action for damages, including but not limited to such claims that may result from injury or death, accidental or otherwise, during or arising in any way from the exercise or play program.

I have read and understand the Informed Consent Agreement
Signed : _____ Date: _____

Photo Release Statement

I give permission for candid photographs and videos to be taken of my child while engaged in ATFS Learning Center activities. I understand these photographs may be used in marketing materials, bulletin boards, advertising and other promotional materials or media.

_____ Yes _____ No

I have read and understood the Photo Release Statement.
Signed: _____ Date: _____

Snack Permission

I give permission to my child to buy snack from the ATFS snack store. I understand this is a pre-paid snack account and my child is not expected to carry money with them. I understand that I will need to pay in advance and my child will not be allowed to buy snack until there is a balance available in the account. I also understand that this is facility provided by ATFS staff and I am in no binding to buy. On the other hand I also understand that the staff at ATFS will not encourage or discourage my child to buy snack. I take full responsibility for any choices that my child makes for the snack and I agree to instruct my child directly. I understand that ATFS must be informed of any special instructions such as food allergies or reaction procedures.

_____ Yes _____ No

I have read and understood the Snack Permission Statement
Signed: _____ Date: _____

Parents of : _____