

Deer Park School

Crash Zone Registration 2025-2026

Name of Student: _____ Date of birth: _____ Grade: _____ Gender: _____

Billing Address: _____

Primary Contact Information:

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Guardian's Name: _____ Phone: _____

Local Emergency Contact Other than Parent/Guardian

Name: _____ Phone: _____

Serious Health Problems: Yes _____ No _____

If Yes, explain: _____

Allergies: Yes _____ No _____

If Yes, describe: _____

I, the undersigned (as a parent/guardian of the participant, a minor) hereby authorize the staff of the Deer Park School Before/After School program (known as Crash Zone), as my agents, to consent to medical, surgical or dental examination and/or treatment in case of emergency. I hereby authorize treatment and/or care at any hospital or by licensed medical personnel. Staff will NOT medicate children. Parents/guardians are ENTIRELY responsible for medications and for personally arranging for or issuing the proper and timely medication to their child. I (as a parent/guardian of the participant, a minor) hereby give permission for mutual exchange of information between the Crash Zone program and the school regarding health, safety issues and food program status.

Furthermore, I acknowledge that Crash Zone and/or its sponsors and local news media may utilize film, print and digital images of a student or a family, which may be taken during involvement in Crash Zone activities. I consent to such uses and hereby waive all rights to compensation.

Parent/Guardian Signature: _____ Date: _____