



Middleton Middle School  
**Valhalla After School Program**  
Registration Form 2018-19

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Allergies, medications or special needs that the Valhalla staff should be aware of:

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Parent/Legal Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Please initial items below:

\_\_\_\_\_ I give permission for my child's photo and FIRST name to be used for Valhalla media purposes.  
This may include: blogs, video, brochures, web pages, etc.

\_\_\_\_\_ I give permission for my child to walk home from Valhalla at 5:15.

\_\_\_\_\_ I understand that Valhalla closes at 5:15. If I am unable to pick my child up, I give permission for my child to walk to a designated pick up spot.

\_\_\_\_\_ While participating in Valhalla, I hereby authorize staff members to take measures deemed necessary for the safety and protection of my child. This includes calling for EMS and rendering 1st aid.

I hereby give permission for my child to participate in all Middleton Middle School After School (Valhalla) program activities.

**Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student** \_\_\_\_\_ **Date** \_\_\_\_\_