



Please check-in before 6:00 p.m.
 Age 4 -16 (Children will be placed into groups according to age)
 1st Child: \$20 per night
 Additional Children: \$15 per night



28892 Marguerite Pkwy Suite 260, Mission Viejo, CA 92692 - For more information, please call (949) 371-5785

Parents' night out,
 kids' night in!

Introducing OC Study Center's
 Take a
BRAIN BREAK

EVERY WEEKEND. FRI & SAT. NIGHT 5:30~10:00PM

Themed nights with games, activities, and crafts!

Brain Break Registration Form

Consent to Treatment, Photograph Release, Insurance Disclaimer, and Waiver of Liability

Personal Information:

Child #1 _____ Age: _____ Allergies: _____

Child #2 _____ Age: _____ Allergies: _____

Child #3 _____ Age: _____ Allergies: _____

Child #4 _____ Age: _____ Allergies: _____

Parent/Guardian Name: _____ Cell #: _____

Email address: _____

Home Address: _____

Emergency Contact (not parent): _____ Cell #: _____

Charter school Affiliation (if any): _____

Consent to Treatment for Emergency Medical and Dental:

As the parent, guardian, or authorized representative, I hereby give consent to American Academy of Strategic Education (AASE) and its employees and volunteers to obtain all emergency medical or dental care as is deemed necessary for my child(ren). This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the child(ren).

Consent to Photograph Release:

My signature grants permission to AASE the right to use and copyright photographs and video footage of my child without restriction for any professional purpose such as, but not limited to, promotion, advertising, and public relations. I hereby release and discharge AASE and all affiliates from any and all claims and demands arising out of or in connection with the use of the photographs, including any and all claims for libel.

If you would NOT like your child to participate in activities such as these, you must notify the Academy, and they will ensure that your child is not photographed in the duration of the program.

Insurance Disclaimer:

AASE does not carry health or accident insurance on its participants. All expenses incurred in the treatment of illness, injuries, or accidents will be the responsibility of the participant and his/her parents. I have read, understand, and accept the above conditions.

Acknowledgement of Risk and Release and Waiver of Liability:

As parent or legal guardian of _____ (Child #1), _____ (Child #2), _____ (Child #3), _____ (Child #4), I acknowledge that there are certain risks inherent in my child’s participation in the AASE. These risks include, but are not limited to, risks associated with travel to, from, and in and around our academy, and my child’s participation in supervised and unsupervised activities while at AASE. I also acknowledge that any questions I or my child may have about activities related to AASE can be addressed to representatives of AASE, the “Academy.” I agree that I will inform an appropriate representative of the Academy of any special information regarding the health, or physical or mental condition of my child that may be relevant to my child’s participation at the Academy. In consideration for permitting my child to participate at the Academy, I hereby agree:

(a) to release and discharge the Academy from any liability or responsibility for any personal or bodily injury death, and for any damage to or loss of property, however caused, that my child or I suffer as a result of or in connection with my child’s participation at the Academy, including, without being limited to, any injury, loss, or damage resulting from, arising out of, or occurring in connection with the negligent acts or omissions of members of the faculty or staff or other employees, agents or servants of the Academy; and

(b) not to raise any claim or institute any legal action or proceeding, on my behalf or on behalf of my child, against the Academy for any cause of action that may result from or arise out of or in connection with my child’s participation at the Academy, for any personal or bodily injury (including death) to my child, including, without being limited to, injury, loss, or damage that may result from or arise out of or in connection with the negligent acts or omissions of members of the faculty or staff or other employees, agents or servants of the Academy.

All references to the Academy in this form will include, and all provisions of this form will insure to the benefit of, the Academy’s officers, employees, agents, servants, and representatives

This acknowledgment of risk and release and the waiver of liability are governed by and will be construed in accordance with the laws of the State of California without regard to principles of conflicts of law. I agree that I will submit to the exclusive jurisdiction of the federal and state courts located in Orange County, California, for the resolution of all disputes arising hereunder or relating hereto, regardless of the place of execution of this form.

I HAVE READ AND UNDERSTAND THIS DOCUMENT:

Signature of Parent/Guardian/Representative: _____

Print Name: _____ Date: _____