



Gaisser Family of Learners, Inc.

Amy Gaisser
Executive Director

Cindy & John Gaisser
Founding Volunteers

(317) 755-1540
5110 Madison Ave.
Indianapolis, IN 46227

2022-2023 Student Form

First & Last Name of Each Student Attending:

Student 1: _____ Student 2: _____

Student 3: _____ Student 4: _____

Grade Level of Each Student Attending:

Student 1: _____ Student 2: _____

Student 3: _____ Student 4: _____

Birthdate of Each Student Attending:

Student 1: _____ Student 2: _____

Student 3: _____ Student 4: _____

Home Language(s) of Each Student Attending:

Student 1: _____ Student 2: _____

Student 3: _____ Student 4: _____

Family Contact Information

If your contact information has changed or if you are a new student, please complete. Thanks!

Parent/Guardian 1 Name: _____ Phone: _____

Parent/Guardian 2 Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Student Allergies/Medications: _____

Special Needs/Requested Accommodations: _____

Photo & Video Release: From time to time, photos and videos will be taken of parents/guardians and students as they participate in our program activities and special events. The Gaisser Family of Learners, Inc. reserves the right to use these photos and videos on our website, our social media accounts, our printed materials, etc., as well as permit members of the media to take pictures for publication, for the purpose of remembering, celebrating, and letting others in the community know about special happenings at our center.

Exercise Waiver: I wish to participate and/or let my child participate in physical activities, including but not limited to sports and dance, while on site at the Gaisser Family of Learners, Inc. center. I realize that my and/or my child's participation, as with any activity involving exercise, carries risks of injury and loss. I fully understand the risks involved, and hereby release the Gaisser Family of Learners, Inc. from all liability and claims whatsoever arising out of any injury or loss that might occur while I am and/or my child is participating in physical activities on site at the Gaisser Family of Learners, Inc. center. I also certify that I am and/or my child is physically fit to participate and have/has not been advised by any medical physician not to do so.

Transportation & Field Trip Waiver: I would like to be transported and/or have my child transported from his/her school to the Gaisser Family of Learners, Inc. building in a motor vehicle driven by Mrs. Cindy Gaisser, Miss Amy Gaisser, and/or another licensed driver appointed by Mrs. or Miss Gaisser. Additionally, I give permission for my child to attend field trips and special events offered through the Gaisser Family of Learners, Inc. and to be transported to and from these events in a motor vehicle driven by Mrs. Gaisser, Miss Gaisser, and/or another licensed driver appointed by Mrs. or Miss Gaisser. I recognize that by participating in this activity, as with any activity involving motor vehicle transportation, I and/or my child may risk loss, damage, or personal injury. I fully understand the risks involved, and hereby release the Gaisser Family of Learners, Inc. from all liability and claims whatsoever arising out of any accident that might occur while I am and/or my child is traveling in the motor vehicle with Mrs. Gaisser, Miss Gaisser, and/or any other appointed driver.

Students will need a ride home at 7:00 p.m. Who is allowed to pick up your child(ren)?

Please note that drivers who are not a parent/guardian will be asked to show ID the first time they come.

Driver 1: _____ **Driver 2:** _____

Driver 3: _____ **Driver 4:** _____

The waivers and releases contained in this document shall apply to the corporation and to its officers, directors, agents and employees.

The Releasing Parties expressly acknowledge and agree that this release and waiver is intended to be as broad and inclusive as permitted by the laws of the State of Indiana, and that if any portion thereof is held invalid, the balance shall continue in full legal force and effect.

The Releasing Parties hereby waive any right to trial by jury in any action, proceeding or litigation regarding this waiver and release.

Parent/Guardian Name (Printed): _____

Parent/Guardian Name (Signed): _____ Date: _____