

## A. STATEMENT ON STUDENT SAFETY AND PARENTAL RESPONSIBILITY

This document is to be reviewed, approved, and signed by parents/guardians at the time of registration. Parents must return this document to the teacher in charge of the class or to the **AF Jersey** administration office before the second class. No registration is considered valid, and students will not be permitted to attend further classes unless this document has been signed and returned to the **AF Jersey**.

### General Terms:

The **AF Jersey** provides a service to the public by allowing children and adolescents to access its facilities at certain scheduled times (see our brochure). Persons under 18 years of age are not permitted on these premises unless they are accompanied by a parent or guardian (exception: students aged 12 to 17 with parental written permission). The **AF Jersey provides no supervision of any kind** for any person under the age of 18 who is present in its facilities other than the supervision of teachers in the class room during scheduled class time.

### Check in / check out :

At the beginning of class, a parent or other adult guardian must accompany each student under the age of 18 in to the building and into the classroom, and check in with the teacher in charge. A parent or other adult guardian must pick up each student under the age of 18 shortly after the end of the class and check out with the teacher in charge. The **AF Jersey** and its staff assume no responsibility for any student under the age of 18 until the student's parent or other adult guardian has checked in with the teacher in charge at the beginning of each class.

Parents of students who intend their child to arrive at and depart from **AF Jersey unaccompanied** by a parent or other adult guardian (i.e., by public transportation or walking unaccompanied), and wish to be relieved of the obligation to accompany their child to and from the classroom must sign the special acknowledgment on the back of this page. Exceptions to the requirement that students must be accompanied by a parent or other adult guardian will be permitted for students over the age of 11 only.

### Supervision during Class:

The teacher in charge of the class is expected to record student attendance and to supervise each student at all times for the duration of the scheduled class. Students will not be allowed to leave the teacher's supervision for the duration of the scheduled class unless authorized to do so, in writing, by one of the parents.

Students will not be allowed to leave at the end of the class until a parent or adult guardian (with written authorization from one of the student's parents) checks out with the teacher.

Name of student: \_\_\_\_\_

Name(s) of parent(s): \_\_\_\_\_

I/ We understand the policies of the **AF Jersey** as set forth above with regard to student check-in and check-out.

II/We understand that the **AF Jersey** provides **no supervision whatsoever** for any student who is anywhere on its premises other than students in the classroom during regularly scheduled class time or for any student who has not been checked in with the teacher of his/her class as set forth above.

Signatures:

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Please complete if applicable:

**A. Authorized adults**

My/Our child, \_\_\_\_\_, may depart at the end of class if checked out with the teacher by the following adult(s) who will be responsible for the child's safety and behaviour upon leaving the classroom.

Name(s) of authorized adult(s):

\_\_\_\_\_  
\_\_\_\_\_

Signature(s):

\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

**B. Permission to arrive/leave unaccompanied**

I/ We intend that my/our child will be arriving at and leaving the **AF Jersey**, unaccompanied by an adult, for the purpose of attending class. I believe that my/our child, \_\_\_\_\_, who is over the age of 11, is sufficiently mature to be responsible for his/her own safety and behaviour while on the premises of the **AF Jersey** on the way to and from scheduled classes, and to check in and out with the teacher at the beginning and end of each scheduled class.

I/ We understand that arriving and leaving from the **AF Jersey** without being accompanied by a parent or other adult guardian is not in accordance with the usual policy of the Alliance Française of Jersey which provides **no supervision whatsoever** for any student who is anywhere on its premises other than students in the classroom during regularly scheduled class time.

Signature(s):

\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

## B. PHOTO CONSENT FORMS

### ADULT

I, the undersigned, hereby consent and release the **AF Jersey** from any liability or claim whatsoever, now and hereafter arising, with respect to the use of photographs of the undersigned in any Alliance Française publication and publicity materials, including the internet.

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CHILD attending French Class with the Alliance Française

I, the undersigned, being legal guardian of attendee below, grant to Alliance Française de Jersey the right to use his/her photograph or likeness with or without his/her name, for publicity materials, including the internet and educational purposes. I hereby release any claims of copyright, libel, slander, violation of privacy or similar rights that I may have.

Name of minor: \_\_\_\_\_

Printed name of legal guardian: \_\_\_\_\_

Signature of legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## C. EMERGENCY TREATMENT RELEASE FORM

Student name: \_\_\_\_\_

Class name: \_\_\_\_\_

I hereby give permission that the above student may be given emergency treatment as needed by staff members at the **AF Jersey**. I also give permission for my child to be transported by ambulance or aid car to the emergency centre for treatment. In the event that I or my preferred G.P cannot be contacted, I further consent to medical, surgical, or hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by a physician to safeguard my child's health. I agree that I will not hold the **AF Jersey** or any member of the staff, liable for damages, injuries, or losses during the above-mentioned student's participation with the **AF Jersey**.

Parent/Guardian name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Emergency Information

Preferred G.P: \_\_\_\_\_ GP's phone number: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Second emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Information** Please describe any special medical concerns, especially food allergies:

---

---

---