

AFTER SCHOOL PROGRAM



Name: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

Date of Birth: ___/___/___ Age: _____ School: _____ Email: _____

Parent/Legal guardian Contact Information List contacts in order of preferred calling. DO NOT list parent if they are not authorized to pick up child. Parents are always called first before we use the emergency contact list.

1. Name: _____ Emergency/Daytime Phone: _____

Cell Phone: _____ Employer: _____

2. Name: _____ Emergency/Daytime Phone: _____

Cell Phone: _____ Employer: _____

Parent's Marital Status [] Married [] Divorced [] Single [] Widowed

Court orders are needed if a parent is denied access to the child.

First and last name of siblings attending: _____

Authorized Pick Up & Emergency Numbers (Besides Parents)

Please provide names and numbers of **ONLY THOSE PEOPLE AVAILABLE** during the program hours. Authorized pickups must be 16 or older and show ID. Please list in order of preferred contact.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Medical History & Medications

1. Allergies (check those that apply) Bees/Wasp /reaction _____

Penicillin / reaction _____ Food /reaction _____

Other _____

2. Is there any factor that makes it advisable for your child to follow a limited program of physical activity, i.e. heart condition, fractures, surgery, asthma ect..... _____

3. Can your child function in large groups YES NO

4. Does your child have an aide in school? YES NO

Medication: Due to child care licensing, we are only able to have **SELF ADMINISTERED EMERGENCY MEDICATIONS** in our program. Will your child be taking medication at the program? YES NO **EPIPEN** **Inhaler**

Other: List Medication and dose:

All medications must be in their original container w/a doctor's note. A special form must be completed by your doctor

Medications given at home: _____

Other information/disabilities: _____

AUTHORIZATION FOR MEDICAL TREATMENT OF MINORS

Under the law, parental permission must be granted for provision of emergency medical, dental, and hospital services. In such cases, this form acts as a legal document giving permission for an authorized Town of Wilton representative to authorize treatment in your absence. However, a child may be treated without parental consent when a physician determines the child needs immediate medical care and that any attempt to obtain parental consent would result in a delay which would increase the risk to the child’s health or life. I authorize minor medical treatment, such as ice packs, band-aids, etc.

Parent/Legal Guardian Initials:

RULES AND REFUND POLICY ACKNOWLEDGEMENT

Misuse of equipment and facility will not be tolerated. Parents will be held accountable for any damage done by their child/ren or themselves. No disorderly conduct will be tolerated. This includes, but is not limited to, swearing, physical contact, verbal abuse, and the use of weapons. Respect will be shown to staff and others at all times. Disciplinary procedures include verbal and written warnings, suspension and/or expulsion. Each situation will be dealt with on an individual basis. All participants are expected to know and follow ALL the rules and regulations. Using good judgment and common sense will help insure a continuous, equitable, and enjoyable program. I hereby release and absolve the Town of Wilton, the Town of Wilton Recreation Commission, and any of its employees and volunteers of any liability in the event of an accident, injury, or any emergency occurring while participating in any Town of Wilton Recreation Commission sponsored programs and any areas that may be encompassed thereof. All employees and volunteers undergo background checks.

REFUND POLICY: If program cancellation is made prior to program registration end date, there is a \$10.00 cancellation fee. If program cancellation is made after registration closes, no refund will be given.

Signature for authorization for a minor (parent/legal guardian)

Date

PHOTOS

Photographs taken at park-run programs will be used for Gavin Park brochures, program flyers, Gavin Park Facebook account, Town website, and newspaper and magazine advertisements.

HOLD HARMLESS WAIVER

Applicant hereby releases and discharges the Town of Wilton, (hereafter known as the Town of Wilton), 10 Lewis Drive, Saratoga Springs, New York, from any and all claims, causes of action, or liability for any injuries applicant may suffer resulting from applicant’s participation in the Town of Wilton’s activities or the use of the Town of Wilton’s facilities, whether or not the same arises out of, or results from, any act, omission, or conduct of any of the Town of Wilton’s Parties, negligent or otherwise.

Section I. Assumption of Risk, Release, and Waiver of Liability; Indemnity concluded:

APPLICANT ACKNOWLEDGES THAT HE/SHE HAS CAREFULLY READ THIS AGREEMENT AND IS AWARE THAT IT CONTAINS A WAIVER AND RELEASE OF LIABILITY AND THE APPLICANT IS GIVING UP SUBSTANTIAL RIGHTS, INCLUDING HIS/HER RIGHT TO SUE. APPLICANT IS SIGNING THIS AGREEMENT OF HIS/HER OWN FREE WILL AND INTENDS FOR HIS/HER SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Parent/Legal Guardian Initials:

Signature of authorization for a minor (parent/legal guardian)

Date