



Fit Kids Before/After School Programs Child Registration Form 2019-2020

PARTICIPANT INFORMATION

Participant's Name: _____

Residential Address: _____

Age: _____ Birth Date: _____ Gender: Male / Female

Nickname: _____

PARENT/GUARDIAN INFORMATION

Primary Guardian: _____

Employer: _____

Phone #'s: Home: _____ Work: _____ Cell: _____

Email Address: _____

Secondary Guardian: _____

Employer: _____

Phone #'s: Home: _____ Work: _____ Cell: _____

Email Address: _____

AUTHORIZED CHILD PICK UP (Other than Parent or Guardian)

Besides the guardians listed, would there be any other person(s) authorized to pick up your child?

We will NOT release your child to anyone not listed on this form.

Name: _____ Relationship to child: _____ Phone: (____) _____

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Name: _____ Relationship to child: _____ Phone: (____) _____

Name: _____ Relationship to child: _____ Phone: (____) _____

HAZARDOUS WEATHER EVENTS:

In the event that the Harrisonville Community Center must close early due to hazardous weather conditions, we will make every attempt to notify each parent by phone. If a parent cannot be reached or is unable to pick up their child within 30 minutes of closing, it is absolutely necessary for parents to plan ahead for emergency child care arrangements with a relative or trusted neighbor or friend. Please list two individuals that you consent to be contacted to pick up your child in the event of an early closing:

Name: _____ Relationship to child: _____ Phone: (____) _____

Name: _____ Relationship to child: _____ Phone: (____) _____

EMERGENCY MEDICAL CONSENT

In the event that the parent/guardian cannot be contacted or arrive at the Community Center in ample time, the child will be transported by ambulance in an emergency situation. Parents/Guardians will be financially responsible for the ambulance fees. This consent gives permission for medical care in parental absence and must be presented upon admission for treatment. In a non-emergency situation the child will remain at the Community Center until a parent or guardian can arrive.

In the event I cannot be reached in an emergency, I hereby give my permission to employees of this day camp to secure proper medical care for my child as deemed necessary. This permission extends from minor first-aid treatment to (under doctor's orders) hospitalization, injections, anesthesia, surgery, and other medical procedures deemed necessary.

Signature of Parent / Guardian: _____ Date: _____

In case of emergency and the guardian cannot be reached, please notify:

Name: _____ Relationship to child: _____ Phone: (____) _____

Name: _____ Relationship to child: _____ Phone: (____) _____

SPECIAL ACCOMODATIONS

So that we can better understand you child, please describe any accommodations (medical, physical, or behavioral needs) and /or other information that will assist staff to help your child get the most out of our program.

Please explain: _____

Does your child take medication on a daily basis? Yes or No

If so, please give reason, name of medication, dosage, and time of distribution.

Does your child have any allergies? Yes or No

If so, what are they allergic to? What kind of reaction should our staff look for? _____

Doctor: _____ Phone: _____

In case of an emergency, which hospital do you prefer? _____

****As provision by 45 CFR 164.522 of the Health Insurance Portability & Accountability Act of 1996 you have the right to request restriction and confidential communications of you health information. Please note that unless otherwise requested, Harrisonville Parks & Recreation Department personnel will share this information with staff members when it is necessary for the health, safety, or well-being of the child. By signing above you are giving the Harrisonville Parks & Recreation Department permission to share this information as directed above in a confidential manner.**

SWIMMING ABILITIES

Program participants will periodically swim here at the Harrisonville Community Center indoor pool. For your child's safety please provide us with information on their swimming ability.

Level of swimming ability: _____ Beginner _____ Intermediate _____ Advanced

My child can swim in the deep end: _____ Yes _____ No

Signature of Responsible Party: _____ Date: _____

MEDIA RELEASE

I hereby grant the Harrisonville Parks & Recreation Department permission to photograph/video record my child's likeness and/or voice for use by the department for publicity purposes only. Please be aware that these photos are for the Harrisonville Parks & Recreation Department use only and may be used in future catalogs, flyers and on the department's website and social media channels.

Signature of Responsible Party: _____ Date: _____

RELEASE CLAUSE

The undersigned releases and hold harmless the Harrisonville Fit Kids Program and any officers, employees or agents thereof, including without limitation to the City of Harrisonville, Harrisonville Parks & Recreation and the Harrisonville Community Center, from any and all claims, liabilities, or demands whatsoever arising out of the enrollment or participation in any program by the participant herein.

Signature of Responsible Party: _____ Date: _____

CANCELLATION/TRANSFER POLICY

Registration fees offset the cost to plan and schedule programs. **NO CREDITS WILL BE GIVEN FOR DAYS THAT ARE MISSED.** If you must cancel/transfer your registration, it must be done three days prior to the Monday that your child is registered to begin the program. No refunds due to expulsion will be given for the current week, but a refund will be given for future weeks of registration.

LATE PICK-UP POLICY

All children must be picked up no later than 6:00pm. Any parent arriving late will be charged \$5 for every 15 minutes he/she is late. Children will not be allowed to return until the fee is paid. If no contact is made with a responsible party after 30 minutes, the Harrisonville Police Department will be called.

I have read the above **Cancellation/Transfer Policy** and the **Late Pick-Up Policy**

Signature of Responsible Party: _____ Date: _____