

2018-19 After School in the Park Registration

For Office Use Only

Date Received _____

Amount Paid _____

Instructions: Please complete all parts of the application and submit with a non-refundable \$55 deposit for City residents (\$45 for siblings) and \$65 deposit for non-City residents (\$55 for siblings). The deposit will be credited to the first week's attendance. Checks should be made payable to "City Treasurer" and submitted with the complete application to: City of Rochester Bureau of Recreation, 400 Dewey Avenue, Rochester, NY 14613

Number of Registered Children: _____

Names: _____

Child Information

Youth Name: _____ ☐ M ☐ F Birth Date: ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

T-Shirt Size: Youth - S M L Adult - S M L XL

Is this your first time with us? ☐ Yes ☐ No

Parent/Guardian Information

Parent/Guardian 1 Information

Relationship to Child: _____

Name: _____

Address (if different): _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: (____) _____

Cell Phone: (____) _____

Work Phone: (____) _____

Parent/Guardian 2 Information

Relationship to Child: _____

Name: _____

Address (if different): _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: (____) _____

Cell Phone: (____) _____

Work Phone: (____) _____

Pickup Authorization and Emergency Contacts

Is Parent/Guardian 1 authorized to pick up? ☐ Yes ☐ No Is Parent/Guardian 2 authorized to pick up? ☐ Yes ☐ No

Other individuals authorized pick my child:

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

In an emergency, when parent or guardian cannot be reached, please contact:

Name: _____ Relationship: _____ Phone Number: _____

Health & Immunization Records

Health History

____ Asthma
____ Chicken Pox
____ Convulsions
____ Ear infections
____ Diabetes

____ Measles
____ Mumps
____ Poison Ivy
____ Rubella
____ Rheumatic
Fever

Allergies

____ Nuts
____ Insect Stings
____ Poison Ivy
____ Penicillin
____ Other Drugs
____ Latex
____ Other

Immunization History

☐ I certify that all of my child's immunizations are up to date

☐ I understand that I must submit a full copy of my child's immunizations before he/she can attend After School in the Park.

Health Insurance Carrier: _____ Policy#: _____

Pediatrician's Name: _____ Phone #: _____

Address: _____

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Health & Immunization Records (Continued)

Please indicate “yes” or “no” to the following questions and list any additional information.

Does your child use any self-administered medications?

☐ No ☐ Yes (Please Describe) _____

Do you give your child permission to carry and apply sunscreen? (sunscreen must be FDA-approved, over the counter, and provided by parent/guardian to camper) ☐ No ☐ Yes

Has your child had any operations or serious illnesses?

☐ No ☐ Yes (Please Describe) _____

Does your child have any chronic or recurring illnesses?

☐ No ☐ Yes (Please Describe) _____

Are there any activities that your child should be encouraged to do?

☐ No ☐ Yes (Please Describe) _____

Are there any activities that should be restricted for your child?

☐ No ☐ Yes (Please Describe) _____

Please provide the staff with any additional health, emotional, developmental, and behavioral information that may assist staff in caring for your child:

RECREATION PERSONNEL CANNOT ADMINISTER MEDICATIONS TO CHILDREN. IF YOUR CHILD IS TAKING MEDICATION REGULARLY, PLEASE BRING IT TO ASIP IN THE ORIGINAL PRESCRIPTION BOTTLE WITH DOSAGE INSTRUCTIONS. IT WILL BE KEPT IN A LOCKED CABINET, AND YOUR CHILD WILL BE REMINDED TO TAKE IT AT THE APPROPRIATE TIME. *The City of Rochester does not discriminate on the basis of handicap status in its programs, activities or employment.*

Parent/Guardian Agreement

Please initial in the spaces provided and sign below:

_____ I hereby state that all the information included on this form is accurate and my child is capable of participating in this program.

_____ I agree to notify the summer camp staff immediately of any changes in address, phone number, places of employment, or persons authorized to pick up my child, etc.

_____ I will provide the staff with any pertinent health, emotional, developmental, and behavioral information that may assist ASIP staff in caring for my child.

_____ I understand that not fully disclosing the above may put my child's health and safety at risk.

_____ I have read and understand the information in the ASIP registration packet.

_____ I am responsible and agree to cooperate with summer camp policies including but not limited to payment procedures and deadlines, hours of operation, and behavior policy.

_____ I understand that ASIP staff reserves the right to remove my child from the program for failure to follow the policies and procedures of the program and the Bureau of Recreation at their discretion.

_____ I give full permission for my child to attend and participate in all ASIP activities, including off-site field trips under staff supervision.

_____ I intend to be hereby legally bound, for myself, my heirs, executors and administrators to waive and release any and all rights and claims or damages of any kind I may have against the City of Rochester, its representatives, successors and employees for any and all injuries which may be suffered by my child.

_____ If an accident occurs, I give my permission for emergency first aid treatment to be administered, or at the discretion of City staff, for my child to be taken to a hospital.

_____ I give consent that the City of Rochester Department of Recreation and Youth Services may use photographs, slides, and video of my child, as may be needed for its records or promotional purposes including website material to promote the interests of the department.

X

Parent or Guardian Signature

Date