



AFTER-SCHOOL PROGRAM REGISTRATION FORM

PROGRAM DATES: SEPTEMBER 4, 2018, THROUGH MAY 24, 2019

Patriots Gateway After-School Program serves children ages 5 –12

- **Monday through Friday, 2:00 p.m. – 6:00 pm** (Closed on days when Rockford Public Schools are not in session, including holidays and snow days)
- **Cost: \$40 per week** (regardless of amount of use; financial assistance available through YWCA's Child Care Solutions.)
- **Snack provided**
- **Learning made fun! Activities by age group** (including scouting, Tech Wizards (STEM activities), WOW Wednesday, etc.)
- **Homework help and assistance with reading and math**
- **Recreational and physical education activities**

Child's Name (Complete separate form for each child.)

Date of first Attendance: _____

I agree to provide timely pre-payment for this child to attend the after-school program.

How will you pay for your child?

_____ I will pay. (You can pay by cash, check (payable to Patriots), credit card, or PayPal (see Patriots website).)

_____ I have or will apply for the Child Care Solutions (CCS) subsidy, through the YWCA, with Patriots Gateway Community Center as an approved site. I understand this applies only to children in full-time Kindergarten through grade 5. I also understand that I must complete and submit the CCS application to Patriots by _____ (which is one week from the date I submitted this registration form). I am responsible for paying any portion of the registration fee not covered by the CCS subsidy.

Signature of Adult responsible for payment (and / or Child Care Solutions):

Printed Name

Signature

Date

Please Print Legibly – 1 child per form

Child's Full Legal Name: _____
First Middle Last

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

Date of Birth: _____ Age: _____ Grade Fall '18: _____ School: _____ Sex M/F: _____

Participant T-Shirt Size (circle) Youth size - YS(6-8) YM(10-12) YL(14-16) YXL(18-20) Other _____

Ethnicity: ___ African-American ___ Hispanic ___ Caucasian ___ Asian ___ Native American ___ Multicultural
___ Other ___ Prefer not to answer

Please provide information for both parents / guardians / significant others if they will be delivering/picking up the child or paying for the child.

PRIMARY Parent/Guardian Name: _____ Relationship: _____

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

Home Phone: _____ Cell Ph: _____ Work Ph: _____

E-mail: _____ Place of Employment: _____

Hours of Employment: _____

SECOND Parent/Guardian Name: _____ Relationship: _____

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

Home Phone: _____ Cell Ph: _____ Work Ph: _____

E-mail: _____ Place of Employment: _____

Hours of Employment: _____

Child's Physician or certified Christian Science Practitioner

Name: _____ Clinic: _____

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

Phone Number: _____

PRIMARY LIST of persons authorized to pick up child

Name	Relationship	Address	City, State, Zip	Phone Numbers

CONTINGENCY LIST of persons authorized to pick up child under special conditions

Name	Condition to release child to this person	Address	City, State, Zip	Phone Numbers

Other than the PRIMARY guardian listed, please provide at least 1 additional emergency contact for your child if the PRIMARY person cannot be reached.

1st Emergency Contact: _____ Day Phone: _____ Evening Phone: _____
Relationship: _____ Address of Emergency Contact: _____

2st Emergency Contact: _____ Day Phone: _____ Evening Phone: _____
Relationship: _____ Address of Emergency Contact: _____

Special Information

Should the Patriots staff be aware of any medications being taken, any disabilities, or any special medical conditions such as allergies, asthma, etc., in relation to your child?

No _____ Yes _____ If yes, Please Describe: _____

Should the Patriots staff be aware of any other factors critical to the well-being and ability of the child to participate in the program?

No _____ Yes _____ If yes, Please Describe: _____

AGREEMENT and CONSENT

Please circle YES or NO for each of the following items to indicate whether or not you agree or consent.

YES NO Medical Consent and Release

I state that any medical conditions (listed or not listed) would not prevent my child from safely participating in a sport/activity.

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity. I authorize Patriots Gateway Community Center to administer emergency first-aid.

In the event that neither I nor my emergency contacts can be reached in an emergency, I give permission to Patriots Gateway Community Center to contact my child's physician or a physician selected by Patriots Gateway Community Center to secure proper treatment for the child in case of an illness or injury. I authorize the use or disclosure of the health information for purposes of securing health treatment. I agree that I may be required to pay all or most of the expenses incurred for such treatment.

YES NO Field Trips and Transportation Arrangements

I understand that before my child may participate in field trips or be transported by Patriots Gateway Community Center, I must complete separate agreements with specific trip and transportation details.

YES NO WAIVERS

Patriots Gateway Community Center is committed to conducting its recreation programs and activities in a safe manner, and holds the safety of participants in high regard. Patriots Gateway Community Center continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect participants' safety. However, participants and parents/guardians of minors registering for this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs. You are solely responsible for determining if your minor child/ward is physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way, or has recently suffered an illness, injury, or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK: Recreational activities/programs are intended to challenge and engage the physical, mental, and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers, and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premise defects, inadequate or defective equipment, inadequate supervision, instruction, or officiating, and all other circumstances inherent to indoor and outdoor recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the Patriots Gateway Community Center to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK: Please read this form carefully and be aware that in signing up for and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected and associated with this program/activity *(including field trips and transportation services/vehicle operation when provided)*.

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have *(or accrue to me or my child/ward)* as a result of participating in this program/activity against Patriots Gateway Community Center, including its officials, agents, volunteers, and employees. I do hereby fully release and forever discharge Patriots Gateway Community Center from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the program/activity.

YES NO Photo Release (Note: Check "No" if you are a foster parent to the child.)

I give permission to Patriots Gateway Community Center to use and publish any and all photographs, videotape, film, slides or any likeness taken of my child while involved in programs at or with Patriots Gateway Community Center. I further waive, release and disclaim any right or claim to any payment or compensation for the use of my child's likeness, and waive, release and disclaim any damages or injuries which my child could or may suffer as a result of my consent to said use of any likeness of my child. *Your child may step away from the camera of notify the photographer if preferred not to be photographed.**

I, the undersigned, being legal guardian of the minor listed on this application, hereby grant permission for the named applicant to participate in this program, having read and agreed to all the terms and conditions as stated above, and with the understanding that deposits and program fees must be paid prior to participation and are nonrefundable.

Participant Name Printed:_____

Parent / Guardian Name Printed:_____

Parent / Guardian Signature:_____

Date: _____

***If you originally answered "Yes" to the "Photo Release" above but now wish to revoke (remove) the permission, please initial and date below.**

I hereby by revoke my permission for Patriots Gateway Community Center to use pictures, videos, or any other graphic depiction or likeness of the minor listed in this application. _____
Initials Date