

# KIDS FIRST AFTER SCHOOL PROGRAM Registration Form

Both sides of this form must be completed.  
 Please write firmly and legibly.

Participant's Name	Age	Date of Birth	Gender	Ethnicity (Optional)	Allergies	Medications	Inclusion Needed *	Disability (ADHD, Autism)

\* Inclusion Services offers accommodations for children with disabilities, including one-on-one support.

School Location: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Parents' /Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian, please provide at least 2 contact numbers where you can be reached during program hours:

1) Home: \_\_\_\_\_ 2) Work: \_\_\_\_\_ 3) Cell/Other: \_\_\_\_\_

### TRANSPORTATION FROM PROGRAM

Please choose only one:  Walk  Pick-Up (If there are custody arrangements, please contact 487-7059 for a custody form.)

Persons to be notified in case of emergency (other than parent/guardian) and persons allowed to pick up your child

<u>Name</u>	<u>Contact Numbers</u>	<u>Relationship to Participant</u>	<u>Authorized to Pick Up (Y/N)</u>

**Staff will not release the participant to any person not listed on this form!**

I/We, the undersigned, permit the individuals I/we have authorized above, to pick up my/our child in my/our absence. I/we understand that if one of the above named individuals is authorized to pick up my/our child and staff members have not previously met the individual, they will be requested to **show photo identification** prior to release of the child. If there are custody agreements in place the custody arrangement form must be completed also.

X \_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date

X \_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date



**PARTICIPANT'S MEDICAL INFORMATION**

Regular Medical Care Provider: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Please note: Vancouver-Clark Parks & Recreation Department employees and volunteers CANNOT administer medication. If your child needs medication and/or extra staff assistance during program hours please contact the coordinator for the appropriate forms and procedures.

**AUTHORIZATION FOR EMERGENCY TREATMENT**

I/We hereby freely and voluntarily authorize the **City of Vancouver, Vancouver-Clark Parks and Recreation Department** to request and obtain emergency medical care at my/our expense for **(child's name)** \_\_\_\_\_ from such medical care provider as is immediately available in any situation which department employees or agents determine such care is required.

X \_\_\_\_\_  
Signature of Parent/Guardian Date

X \_\_\_\_\_  
Signature of Parent/Guardian Date

**CONSENT TO PARTICIPATE AND HOLD HARMLESS**

I/We, the undersigned, state that I/we am/are the parent(s) or legal guardian(s) of above named child. I/We hereby request that the **Vancouver-Clark Parks and Recreation Department** allow my/our child to participate in youth programs.

I/We hereby state that I/we am/are voluntarily allowing my/our child to participate in this program and that I/we recognize that there are certain risks and dangers inherent in their participation in this type of activity.

I/We understand the **City of Vancouver** cannot and does not guarantee or insure the safety of my/our child. I/we am/are willing to assume any risk, on behalf of myself/ourselves alone, of personal injury or property damage to my/our child in order to allow him/her to participate in this program, except that caused by the sole negligence of the **City of Vancouver**. I/We therefore release, the **City of Vancouver**, its officials, administrators, employees and agents from all liability, claims and causes of actions arising or in any way connected with my/our child's participation in the above-named program, except that caused by the sole negligence of the **City of Vancouver**.

In consideration of the **City of Vancouver** allowing my/our child to participate in this program, I/we hereby agree to release, hold harmless, and defend the **City of Vancouver**, and its officials, administrators, employees and agents from any and all claims for damages or injury to my/our child arising out or in any way connected with my/our child's participation in the above-named program, except that caused by the sole negligence of the **City of Vancouver**. I/we understand that by signing this agreement I/we am/are not waiving any rights or claims my/our child(ren) may have for damage or injury resulting from his/her/their participation in this program.

I/WE CERTIFY THAT I/WE HAVE READ THE FOREGOING AND AGREE TO ALL THE TERMS AND CONDITIONS OF THIS AGREEMENT INCLUDING THE PROGRAM POLICIES AND PROCEDURES PAGE.

X \_\_\_\_\_  
Signature of Parent/Guardian Date

X \_\_\_\_\_  
Signature of Parent/Guardian Date

**CONSENT TO BE PHOTOGRAPHED**

I/We consent and authorize the **City of Vancouver** to use my/our child's name and photograph for public relations purposes related to the **Vancouver-Clark Parks and Recreation Department**.

YES  NO

X \_\_\_\_\_  
Signature of Parent/Guardian Date

X \_\_\_\_\_  
Signature of Parent/Guardian Date

**Questions on Kids First? Call 487-7059 or 487-7060**