



LONGVIEW RECREATION
WE CREATE COMMUNITY THROUGH PEOPLE, PARKS & PROGRAMS

2016-2017 OUT OF SCHOOL REGISTRATION FORM

General Information:

Which school does the participant attend? _____

Participant's Name: _____ Date of Birth: _____ Grade: _____

Please list all other adults and children currently living in the same home as participant:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Are there any foods the participant is allergic to? No: _____ Yes: _____ If yes, please list below;

Food Type: _____ Reaction: _____

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Please provide specific instructions to address reaction: _____

What best comforts the participant when in a stressful situation or upset? _____

Does the participant need any accommodations/medications? No: _____ Yes: _____

If yes, please list specific accommodation/medication below. **Please note that Recreation staff cannot administer any over the counter or prescription medications.*

Accommodations/Medication: _____

Contact Information

Primary Parent/Guardian: _____ Relationship: _____

Primary Address: _____ Primary Parent Email: _____

Home Phone: _____ Mobile Phone: _____ Other Phone: _____

Additional Primary/Guardian: _____ Relationship: _____

Address: _____ Email: _____

Home Phone: _____ Mobile Phone: _____ Other Phone: _____

Are there current or relevant custodial issues the recreation staff should be aware of? If so, please explain:

Emergency Contact Information

Primary Emergency Contact: _____ Phone: _____

Other Emergency Contact: _____ Phone: _____

Other Emergency Contact: _____ Phone: _____

Additional Information:

Please list all others with permission to pick participant up from program (* Identification will be required at pick-up):

Name: _____ Phone: _____

Name: _____ Phone: _____

Permission to Attend Field Trips:

I hereby give permission for my participant to participate in field trips, such as to public locations, parks or playgrounds, while attending the program. Field trips will be posted at site prior to the trip.

Parent/Guardian Signature Date

Permission to Walk Home:

Participant has permission to walk home from the program at _____ (specific time) on _____ (specific days). I understand that Longview Recreation is not responsible for the participant once they have left the program area.

Parent/Guardian Signature Date

Policies and Procedures (by signing below you agree to the following):

- 1) Financial - All payments must be paid at or before the time of service. All balances not paid in full by the end of the week will be charged a \$10 late fee. Payments must be made monthly or quarterly to receive receipt for tax purposes.
- 2) I will notify the department two weeks in advance if the above participant has a disability needing special arrangements, assistance, or any condition that would limit the participant in this activity.
- 3) I understand the City of Longview does not provide medical or accident insurance coverage and is not responsible for personal articles lost or stolen.
- 4) I agree to allow photographs taken during City programs to be published without limitation for non-commercial purposes.
- 5) I agree to abide by and follow the program policies and procedures.
- 6) I am aware of the cost for my participant to attend the program and agree to follow the payment procedures.

Assumption of Risk, Waiver and Release

I am fully aware of the fact that there are special dangers and risks inherent in this activity, including, but not limited to, the risk of serious physical injury, death or other harmful consequences that may arise or result directly or indirectly to me from my participation in this activity. Being fully informed as to these risks and in consideration of my being allowed to participate in City sponsored activities, I hereby assume all risk of injury, damage, liability and harm to myself arising from such activities. I also hereby individually and on behalf of my heirs, executors and assigns, release and hold harmless the City of Longview, their officials, employees and agents and waive any right of recovery that I might have to bring a claim or a lawsuit against them for any personal injury, death or other consequences occurring to me arising out of my voluntary participation in this activity, except for the sole negligence of the City of Longview.

I certify that I am the parent or legal guardian of the participant named above; that I have read and understood the foregoing release and that I join the release without reservation, granting full consent and authorization for the above named person to participate in the activity.

Legal Parent/Guardian Printed Name Parent/Guardian Signature Date