



2020-2021 After School Adventures Registration Form

Registration packets **MUST** be completely filled out and returned before a child may attend the program. Packets may be turned in at the Parks and Recreation Administration office, any After School Adventures Site, or emailed to funmakers@cityofmesquite.com *Space is limited*

Please select which site your child(ren) will be attending			
<input type="checkbox"/> Achziger	<input type="checkbox"/> Dunford (Beasley)	<input type="checkbox"/> Florence	<input type="checkbox"/> Goodbar (McKenzie)
<input type="checkbox"/> Rutherford	<input type="checkbox"/> Thompson	<input type="checkbox"/> Shaw	

Participant Information	
Address: _____	City: _____ Zip: _____
Name: _____	2020-21 Grade Level: _____ School: _____
Gender: M F Age: _____	Birth Date: _____ Home Phone No: _____
Name: _____	2020-21 Grade Level: _____ School: _____
Gender: M F Age: _____	Birth Date: _____ Home Phone No: _____
Name: _____	2020-21 Grade Level: _____ School: _____
Gender: M F Age: _____	Birth Date: _____ Home Phone No: _____

Parent Information	
Parent/Guardian# (A) _____	Email: _____ DL#: _____
Home Phone#: (A) (____) _____	Work Phone#: (____) _____ Cell#: (____) _____
Parent/Guardian# (B) _____	Email: _____ DL#: _____
Home Phone#: (B) (____) _____	Work Phone#: (____) _____ Cell#: (____) _____
In case of emergency contact the following person(s) other than parent:	
Name: _____	Phone: _____
Name: _____	Phone: _____
The following person(s) will be allowed to sign my child out from After School Adventures:	
Name: _____	DL#: _____
Name: _____	DL#: _____
I DO NOT give permission for my child to be released to the person(s) listed below:	
Name: _____	Name: _____

Medical Information

In the event of a medical emergency or illness you will be notified immediately. You or your emergency contact need to be available to pick up your child from the program. All staff are First Aid and CPR trained and will take whatever emergency medical measures are deemed necessary for the protection and safety of the participant. This may include transportation by ambulance to the nearest medical treatment facility.

Doctor's Name: _____ Phone#: _____

Preferred Hospital Name: _____ City: _____

Health History

(please attach additional page if necessary, all information is kept confidential)

(please circle all that apply)

Child _____ has or is subject to: Asthma / Fainting Spells / Convulsions / Bloody Nose / Heart Trouble / Diabetes / Seizures / Other: _____

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Child _____ has or is subject to: Asthma / Fainting Spells / Convulsions / Bloody Nose / Heart Trouble / Diabetes / Seizures / Other: _____

Allergies

Child _____ is allergic to: Medicines _____ / Insects _____ / Food _____ / Plants _____ / Other: _____

Child _____ is allergic to: Medicines _____ / Insects _____ / Food _____ / Plants _____ / Other: _____

Child _____ is allergic to: Medicines _____ / Insects _____ / Food _____ / Plants _____ / Other: _____

Please explain allergies and treatment: _____

My child requires the use of an epi-pen: yes _____ no: _____

PERMISSION TO SECURE TREATMENT

In the event of any emergency, I authorize the City of Mesquite to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I understand that this authorization includes transporting my child by ambulance if necessary to the nearest medical treatment facility or hospital if I am unable to be reached first. I also give my permission for my child to be released to individuals authorized in this packet to secure treatment if I am unavailable.

Initials _____

MEDICATIONS (All medications must be given to staff)

Does your child(ren) require any medications to be taken during After School Adventures hours? Yes ___ No ___ Note: Medication will only be administered according to the labeled directions. All medication(s) must be in their original containers with instructions for the administration of the medication on the label. The medication sent to the program site must contain the daily dosage. Staff is not permitted to accept any larger doses. If there are any changes in the dosage of, frequency or administration of the medication, it is the parent's responsibility to inform the staff in writing.

Child _____ Medicine/Dosage/Time: _____ Medicine and Dosage/Time: _____

Child _____ Medicine/Dosage/Time: _____ Medicine and Dosage/Time: _____

Child _____ Medicine/Dosage/Time: _____ Medicine and Dosage/Time: _____

MEDICATION WAIVER

My initials below indicate that I acknowledge that the instructions on the pharmaceutical container are accurate and I agree to allow the City of Mesquite staff to assist in the administration of the medication to my child and I waive any claim against the City of Mesquite or its staff.

Initials _____

BEHAVIOR

Is your child served under a 504 or IEP plan or has your child been diagnosed with a learning disability, behavior disorder or physical disability that we need to be aware of? Yes ___ No ___

If yes please explain: _____

Are there any other behavioral concerns requiring our attention that we should know? Yes ___ No ___

If yes please explain: _____

Initials _____

PAYMENT POLICY

My initials below signify that I acknowledge full payment is due on the first of the month. If the first falls for a weekend or holiday, then payment is due the following day school is in session. A \$5.00 late fee will be charged each day payment is received late. If payment is not received after the fourth day After School Adventures, parents will be called to pick up the child(ren) immediately upon their arrival. Child(ren) will not be allowed to participate in the program until payment is made.

**I understand the monthly fee will not be prorated or refunded for non-attendance.
I further understand a \$10.00 per day late fee will be assessed if payment is not received by the registration deadline.**

Initials _____

PICK-UP

After School Adventure hours are from 3 p.m. to 6 p.m. Children must be signed-out each day from the program by a parent or guardian. Due to the number of participants in the program, our 6:00 p.m. closing time will be strictly enforced. **Parents will be given a 5 minute grace period and at 6:06 p.m. late fees will begin to accrue at \$1.00 per minute/per family house hold.**

If a child has not been picked up from the facility 30 minutes after the program has ended and the staff has made attempts to contact the child(ren) parents and their authorized persons in the emergency list, staff will call the police and turn the child(ren) over to them.

Initials _____

PHOTO ID POLICY

For the safety of program participants, all persons picking up participants will be required to show proof of identity in the form of a valid driver’s license or equal form of picture ID before the child(ren) will be released to them.

Initials _____

REGISTRATION CAPACITY

Registration is limited to site capacity and is on a “first-come, first-served” basis. Registration for one month does not guarantee placement in it successive months. Spots are not guaranteed until the child is registered and payment is received.

Initials _____

PARTICIPANT PHOTO USE

Mesquite Parks and Recreation reserves the right to photograph or videotape participants in programs and/or facilities. The photos and/or video are strictly for the City of Mesquite use and may be used in publications, flyers, brochures, videos, websites and other advertisements.

My initials below grant permission to the City of Mesquite to use photographs and/or videos of my child solely for the purpose of marketing and advertising in the above mentioned ways.

Initials _____

MOVIE RELEASE CONSENT

My initials below indicate that my child(ren) has permission to view PG rated films while attending Mesquite Parks and Recreation programs.

Initials _____

HOMEWORK

_____ I want my child to spend a portion of their time at **After School Adventures** working on homework

STANDARDS OF CARE

The City of Mesquite City Council adopts the Youth Programs Standards of Care which outlines the minimum standards by which the Parks and Recreation Department operates youth programs. My initials below indicate I have received a copy of the 20120 Youth Programs Standards of Care.

Initials _____

RULES AND DISCIPLINE POLICY

In fairness to all participants of the after school program, all participants are expected to respect themselves, each other, the staff and the program’s facilities. Any form of lewd behavior, bullying, aggression, violence, disrespect or foul language will not be tolerated.

Discipline Policy and Consequences

- 1st offense - On spot counseling and time-out from activities
- 2nd offense - Talk with After School Adventures coordinator and parents
- 3rd offense - Suspend from program for 1 to 3 days depending on severity of the incident and circumstances
- 4th offense - Suspension for 1 week from program activities and from the City of Mesquite Recreation Centers depending on the severity of the incident and circumstances
- 5th offense - Removal from the program and from the City of Mesquite Recreation Centers

We **DO NOT** engage in physical punishment, withhold food, or bathroom access.

All disciplinary actions and suspensions depend on the severity of the incident and circumstances. The city reserves the right to dismiss the participant from the program without warning when it is determined that a participant’s unsafe behavior places other children, himself/herself, or staff in danger. Staff will contact law enforcement officers if determined to be necessary.

When a participant is suspended from a particular site they are also suspended from the City of Mesquite Recreation Centers. Parents will not be refunded for the time their child(ren) is suspended from the program whether it is for one day or one week.

Initials _____

PARTICIPANT ASSUMPTION OF RISK AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The City of Mesquite Parks and Recreation Department has put in place preventative measures and protocols, where possible, to reduce the spread of COVID-19; however, the City of Mesquite cannot guarantee that you or your child(ren) will not become infected with COVID-19. Attending any City program will increase your child(ren)’s risk of contracting COVID-19.



By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to, or infected by COVID-19 by attending the City of Mesquite Parks and Recreation programs, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the City of Mesquite Parks and Recreation programs may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City employees and volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance at the City of Mesquite Parks and Recreation programs (the “Claims”). On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge,

and hold harmless the City of Mesquite, its employees, agents, volunteers and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the City of Mesquite, its employees, agents, volunteers and representatives, whether a COVID-19 infection occurs before, during, or after participation in any City of Mesquite Parks and Recreation program.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Date

PARTICIPATION RELEASE

In consideration of (myself/my child(ren) being permitted to go in and on and use recreational facilities operated by the City of Mesquite and participate in recreational activities sponsored by the City of Mesquite Parks and Recreation Department, I _____, being of lawful age, do for myself, my heirs and assigns, release, hold harmless and forever discharge, the City of Mesquite, its officers and employees from any and every claim, action of any kind, arising from or by reason of any injury to (myself/my child(ren) while (I am/my child(ren) is in or on and/or using any of the recreation activities sponsored by the City of Mesquite Parks and Recreation Department.

The undersigned does hereby acknowledge to have read and understood all the information contained on this document and approves all releases, permits and waivers contained herein.

Parent/Guardian Signature

Printed Name

Date

I _____, acknowledge that these releases are signed freely and of my own accord, and that I have a freedom of choice in the selection of afterschool programs for my child(ren).

Parent/Guardian Signature

Printed Name

Date