



Play Day, Turkey Camp, & Winter Camp Registration Packet (grades K-6)

Please select which site your child(ren) will be attending			
Dunford		Rutherford	
<input type="checkbox"/>	Play Day	<input type="checkbox"/>	Play Day
<input type="checkbox"/>	Turkey Camp	<input type="checkbox"/>	Turkey Camp
<input type="checkbox"/>	Winter Camp	<input type="checkbox"/>	Winter Camp

Space is limited

Participant Information	
Address: _____ City: _____ Zip: _____	
Name: _____ 2019-20 Grade Level: _____ School: _____ Gender: M F Age: _____ Birth Date: _____ Home Phone No: _____	
Name: _____ 2019-20 Grade Level: _____ School: _____ Gender: M F Age: _____ Birth Date: _____ Home Phone No: _____	
Name: _____ 2019-20 Grade Level: _____ School: _____ Gender: M F Age: _____ Birth Date: _____ Home Phone No: _____	
Name: _____ 2019-20 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: _____ DL#: _____ Name: _____ DL#: _____	

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 conditions requiring our attention that we should know? Yes ___ No ___

If yes please explain: _____

Initials _____

PAYMENT POLICY

My initials below signify that I agree to pay the designated fees in order for my child(ren) to attend play days and camps (including additional fees for late payment and late pick-up). I understand the fee will not be prorated or refunded for non-attendance.

***I further understand that a \$10.00 late fee will be assessed if payment is not received by the Thursday before date of attendance.**

Initials _____

REGISTRATION CAPACITY

Registration is limited to site capacity and is on a "first-come, first-served" basis. Registration for ASA does not guarantee placement in Play Day, Turkey or Winter Camp. 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 _____

PHOTO ID POLICY

For the safety of the participants of our programs, we have required all City of Mesquite employees to ask all adults for a valid driver licenses or equal form of picture ID when picking up your child until a rapport is built with our staff.

Initials _____

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 2019 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.

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.

My signature below also gives my permission for my child to be transported by the City of Mesquite staff to scheduled off-site program trips.

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

