



City of Bishop Community Services Department Afterschool Registration Form 2015-2016

Please Print Clearly

Participant's Name _____

Date of Birth / / Age _____ Sex _____ Grade _____ School _____

Address _____ City _____ State _____ Zip _____

Parent E-mail Address _____

Home Phone _____ Cell Phone _____

Mother's Name _____ Work Phone _____

Father's Name _____ Work Phone _____

Emergency Contact _____ Phone _____

Sibling Name - If also enrolled in After School _____

Person responsible for paying Afterschool fees _____

Address - *if different from child* _____
Street City State Zip Code

Parent Handbook

Please initial stating that you will read and abide by the policies and procedures outlined in the Parent Handbook: _____

Statement of Understanding

- An annual enrollment registration fee for supplies of \$20 is non-refundable and due at the time of registration
- Monthly fees are due on the Friday before the upcoming month. Invoices will be made available on the 15th of each month.
- Full Time rate is \$14.00 per day for 4-5 days of attendance and a Part Time rate of \$16.60 per day for three days or \$17.50 per day for less than three days. A rate of \$50 is assessed for any week a child may not be in attendance without a phone call or notice.
- There are a minimum of (15) Full Time slots available and a minimum of (10) Part Time slots available for each week. Full Time slots are considered prior to Part-Time slots.
- **Child pick up must be made before 5:30pm, anything after 5:30pm is subject to a \$1 per minute late pickup fee**
- **Failure to pay on scheduled date results in a late payment fee of \$25.00.**
- If payment including late fee is not received after a week of service is rendered, I understand my child will not be allowed to attend the Afterschool Program until my balance is cleared
- .A two-week notice is required in the event that my child(ren) is withdrawn from the Afterschool Program.
- Fees are set forth by City Council, and are subject to change.

Parent/Guardian Signature _____ **Date** _____

Department Use Only	
<u>Fees Paid:</u>	Money Order Number: _____
Credit Card: _____	
Check Number: _____	

PARTICIPANT WAIVER & RELEASE OF LIABILITY

MUST BE SIGNED TO PROCESS REGISTRATION

In consideration of the named participant being allowed to participate in any way in the City of Bishop Community Services programs, related events and activities, I, the parent/ legal guardian, of the named child, or as an adult participant, hereby acknowledges, appreciates, and agrees to the following:

1. The risk of injury or damages to my child and/or myself from the activities involved in the programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. FOR MYSELF, SPOUSE AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,
3. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives, and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS the City of Bishop, Bishop City Council, and all employees or agents of the City of Bishop, including all individuals who are affiliated with the programs administered by the City of Bishop Community Services Department ("Releases"), from any and all liabilities incident to my involvement or participation in these programs or transportation to and from activities, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
4. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives, and next of kin, HEREBY RELEASE THE other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my and/or my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I hereby grant consent to any and all first aid responders designated by the City of Bishop Community Services Department to provide my child any necessary medical care as a result of any injury/illness. This consent includes First Aid and transportation to/from first aid responders.
6. I further understand that health, or accident insurance which would cover my or my child's medical, hospital, or related expenses in the event of injury in this activity is my responsibility. I understand the City of Bishop Community Services Department strongly recommends that if I do not have sufficient insurance to cover such incidents that I should take the necessary action to obtain it.
7. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my or my child's readiness for participation and/or in the program itself, I will remove myself or my child from the participation and bring such attention of the nearest official immediately; and,
8. I understand that I am bound to abide by the City of Bishop community Services Department's Code of Conduct further understand that these programs are recreational and that if either parent should exhibit continued unsportsmanlike conduct, the child may be removed from the program.
9. I understand that the department may use participant images or videos, and that such may be published in an outlet used to promote or publicize the program or department.

I HAVE READ THIS RELEASE OF LIABILITY, ASSUMPTION OF RISK AGREEMENT AND WAIVER. I FULLY UNDERSTAND ITS TERMS, I UNDERSTAND I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parent/Guardian Signature _____

Date _____

Medical Information Form

Participant's Name _____

Is the participant covered under your health insurance plan? Yes No

Medical Insurance Company _____

Physician's Name _____ Phone _____

Hospital Preference _____ *required*

List any known allergies:

List any current medications:

List any current injuries/illnesses:

List any recent hospitalizations (within the past 6 months):

Does the participant have any speech, hearing or vision limitations? Yes No

If yes, please list and describe:

Does the participant use mobility aids? (i.e., braces, cane, wheelchair, crutches, etc.) Yes No

If yes, please specify and list any special care needed:

List participant's level of ability if any limiting physical/mental conditions exist (i.e., spina bifida, cerebral palsy, behavioral disorders, etc.):

If special needs or medical conditions exist, please describe in detail and note any limitations or special care needs:

Has the participant ever had a seizure? Yes No

If yes, please describe in full detail:

When was the date of the most recent seizure? _____

What were they symptoms leading up to and following the seizure? _____

Please list any known causes of the seizure(s): _____

Use a separate sheet if needed

Authorized Pick-up of Participant - 100% ID

Please list anyone other than yourself, the parent/guardian, who is **authorized** to pick up your child from Afterschool Program at any time. Please note that individuals not listed on this form will not be allowed to pick your child up from our program without written consent from the parent/guardian. We require individuals authorized to pick up a child to provide photo identification. Individuals without photo identification will not be allowed to pick up participants.

Authorized List

Name	Relationship	Phone Number

Not Authorized to Pick-up Participant

Please list anyone who is **not allowed** to pick up your child. Individuals on this list can only be removed by written consent from the parent/guardian who enrolled the participant in the Afterschool Program.

Not Authorized List

Name	Relationship/Comments	Phone Number

Parent/Guardian Signature _____ **Date** _____