

Winston – Salem Recreation & Parks Out of School Program Registration 2020 - 2021

Recreation Center

Recreation Center Name: _____

Program Type

Summer Camp After-School Spring Break Winter Day(s) _____

Summer Camp Week(s): 6/22 6/29 7/6 7/13 7/20 7/27 8/3 8/10

Information

Name: _____ Age: _____ Birthday: _____

Address: _____

City: _____ Zip: _____

Phone #: _____ Email: _____

Shirt Size: XS S M L AS AM AL AXL

Is your child allergic to anything? No Yes If yes please list: _____

Does the participant have a one on one worker that will attend? No Yes

Emergency Contact

Name: _____ Relationship _____ Phone #: _____

Name: _____ Relationship _____ Phone #: _____

Permission for Pick-Up (Must be older than 16 with ID)

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Liability Waiver: My child is participating in the indicated program and I release, absolve, clear, hold harmless and waive the responsibility of the City of Winston-Salem, Recreation and Parks Department, Staff and Volunteers of risks and hazards incidental to the implementation of this program.

Photo Waiver: By participating in this public program, the participant (parent/guardian) acknowledges and gives permission for his/her (child/dependent) image/likeness to appear in group photos used by WSRP in promotional material (printed and/or social media).

I have received and acknowledged the Out of School Parent Handbook policies: YES NO

Parent Name (Print) _____ Date _____

Parent Signature _____

Winston – Salem Recreation & Parks Medication Form

Participant Information

Name: _____ Age: _____ Birthday: _____

Address: _____

City: _____ Zip: _____

Phone #: _____ Email: _____

I understand that the Winston-Salem Recreation & Park's Department discourages the administration of medications at camps unless it is necessary for the health of the camper. No medication will be administered to a child without the written order of a licensed physician or dentist and permission of the parent/guardian. **Medication must be clearly labeled with child's name, dosage amount, and in original container.** No injections will be given except in extreme emergency (allergy to wasp, bee, etc.)

**Parents/Guardians are strongly encouraged to
administer medications at home before or after camp.**

Parent Name (Print) _____ Date _____

Parent Signature _____

MUST BE COMPLETED BY PHYSICIAN

Child's Name: _____ Date of Birth: _____

Medication: _____ Begin/End Date: _____

Medication type: Tablet Capsule Liquid Ointment Inhalant Other: _____

Dosage: _____ Time of Day: _____ Frequency: _____

Precautions/Side Effects/Comments: _____

Physician Signature

Date

Phone Number

Winston – Salem Recreation & Parks Field Trip Waiver

Participant Name: _____ Date of Birth: _____
Event Type: _____ Date of Event: _____
Departure Time: _____ Return Time: _____

1. I, the undersigned, affirm that I am the parent or legal guardian of the child identified above (the "Child").
2. I hereby give my consent for the Child to be transported by staff of the City of Winston-Salem's Recreation and Parks Department, with such transportation to comply with the Citizen Transportation Policy of the City of Winston-Salem.
3. I will assume all liability for the Child's participation in the activity/event and any injury that may result during the transportation to/from the activity/event. I will not hold the City of Winston-Salem and its officers, agents, employees, or assigns or anyone acting on behalf of the City of Winston-Salem responsible or liable for any injury occurring to the Child in the course of the Child's transportation hereunder.
4. I acknowledge that the City of Winston-Salem shall not liable for any personal items or property belonging to or in the possession of the Child that are lost or misplaced during the course of the Child's transportation in a City of Winston-Salem vehicle.
5. To the extent permitted by law, the Child and I and our heirs, personal representatives, and/or assigns shall indemnify, defend, and hold the City and its officers, agents, and employees harmless from and against any and all liabilities, penalties, fines, forfeitures, demands, claims, causes of action, suits, costs, and expenses incidental thereto (including, but not limited to reasonable attorney's fees), of any kind or nature, directly or indirectly caused by, arising out of, related to, or occurring during the Child's transportation in a City of Winston-Salem vehicle.
6. I hereby authorize the City of Winston-Salem to transport the Child to obtain, through a physician of its choice, any emergency medical care that Recreation and Parks Department staff deems reasonably necessary for the Child in the course of his/her transportation by the City of Winston-Salem. I agree to accept and be responsible for all costs of such transportation to a medical facility and/or treatment by medical personnel.
7. This waiver shall remain in full force and effect until its termination by the City of Winston-Salem or me.
8. The Child and I shall not be considered employees, agents, or representatives of the City and shall not be entitled to employee benefits of any kind.
9. This waiver shall be governed by and construed in accordance with the laws of the State of North Carolina. This waiver represents the entire understanding and agreement between the parties. This waiver cannot be amended or modified except by another written document duly signed and executed by the City and the undersigned.

Parent Name (Print) _____ Date _____

Parent Signature _____

Winston – Salem Recreation & Parks One on One Assistant Form

One on One Assistant Form is required for any personal assistant providers that will attend programming with a participant as a part of the clients activities of daily living goals.

Worker Information

Name: _____ Participant Name: _____

Address: _____

City: _____ Zip: _____

Phone #: _____ Email: _____

Agency Information

Agency Name: _____

Supervisor's Name: _____

Agency Contact Number: _____

Worker Information

Indicate days and hours working with participant:

	Start Time	End Time
<input type="checkbox"/> Monday	_____	_____
<input type="checkbox"/> Tuesday	_____	_____
<input type="checkbox"/> Wednesday	_____	_____
<input type="checkbox"/> Thursday	_____	_____
<input type="checkbox"/> Friday	_____	_____

Worker Expectations

- Remain with participant at all times
- Encourage participant to engage in all activities
- Assist participant in all activities and arts & crafts
- Help participant remain focused and on task with the rest of the group
- Be on time and participant be on time to programs and fieldtrips
- Provide transportation to and from field-trips
- Remain on site and in the same room with participant

One on One Name (Print) _____ Date _____

One on One Signature _____