

Please Print

Name of Party Responsible for account: _____

Participant's Name _____ Date of Birth _____ Age _____

Grade in Fall _____ Sex M F School _____ County _____

Address _____ City & State _____ Zip _____

Mother's Name _____ Home # _____ Cell # _____

Employment _____ Hours _____ Work# _____

Email _____

Father's Name _____ Home # _____ Cell # _____

Employment _____ Hours _____ Work# _____

Email _____

Non Medical Emergency Contacts:

(Emergency contact should be someone other than a parent/guardian in the event that we are unable to contact you.)

Contact 1 _____ Relationship _____ Phone # _____

Contact 2 _____ Relationship _____ Phone # _____

Persons authorized to pick up child (other than parent) - MUST be at least 18 years old – Staff will not release child to any person *not* on the list. To ensure the safety of your child, changes must be made in person. Phone notification will not be accepted. We will ask for ID.

SUNSCREEN PERMISSION, SWIMMING ABILITY & IMAGE RELEASE

Permission for staff to apply sunscreen when needed? YES NO

Circle the frequency your child will need sunscreen: 1x per hour 1 ½ hours 2 ½ hours

Sun Sensitivity: _____ YES _____ NO Sunscreen Allergy: _____ YES _____ NO

Permission the Administer Tylenol

I hereby give _____/do not give _____ the Director of the Rogers Activity Center or his/her appointed representative permission to give

_____ Acetaminophen. I understand I will be notified that the medication has been

(Child's Name)

administered.

IMAGE RELEASE

In consideration of participation in the Rogers Activity Center Summer Day Camp (SDC), the undersigned agrees that their likeness, or the likeness of their child/ward may be photographed or videotaped and that such image may be published in an outlet to promote or publicize the Rogers Activity Center, Rogers Community School Recreation Association, and/or Summer Day Camp program.

Legal Parent/Guardian Signature: _____ Date: _____

Please provide us with any additional information we need to take care of your child to the best of our ability

I acknowledge receipt of the Parent Handbook. I understand that it is my responsibility to read the parent handbook, and by signing this form, agree to abide by all the policies and procedures of the H.A.P.Y. Kids After-School Program.

Parent/Guardian Initial: _____ RAC Staff Initial: _____

I agree to abide by the policies and procedures and the Rogers Activity Center Code of Conduct. I acknowledge the receipt of the H.A.P.Y. Kids Club After-School Program Handbook, and affirm that I have reviewed and confirm the information herein. As a parent/guardian of H.A.P.Y. Kids After-school Program participant, I agree to adhere to the outlined policies and procedures set forth by the Rogers Activity Center Staff.

In consideration of acceptance of this entry, I waive any and all claims for damages which I might have against the Rogers Activity Center or its representatives as a result of any and all damages during any child care activity.

Parent's Signature _____ Date _____

Staff Initials: _____ Date: _____

Staff Use ONLY:

Paid in full: _____ Payment Plan: _____ Voucher (amount): _____ Scholarship (amount): _____

Membership Expiration Date: ____/____/____ Payment Method: _____ Date: _____

EMERGENCY AND MEDICAL INFORMATION
PARTICIPANTS INFORMATION

Participants Name: _____ (nickname) _____
Address: _____
Home Phone: _____ Cell Phone: _____ Other: _____

PARENT OR GUARDIAN INFORMATION

Fathers Name: _____
Address: _____
Home Phone: _____ Cell Phone: _____ Other: _____
Email: _____ Employer: _____

Mothers Name: _____
Address: _____
Home Phone: _____ Cell Phone: _____ Other: _____
Email: _____ Employer: _____

Guardian's Name: _____
Address: _____
Home Phone: _____ Cell Phone: _____ Other: _____
Email: _____ Employer: _____

FAMILY MEDICAL INSURANCE

Carrier: _____ Group: _____
Policy #: _____ Group #: _____
Policy Holders Name: _____
Family Physicians name: _____
Physicians Address: _____ City: _____
Physicians Phone: _____ Fax: _____
Allergies (list): _____
Serious medical Conditions (list): _____

- **If a long term medical condition exists please complete a Medical Plan**

AUTHORIZATION

I/we hereby grant consent to any and all health care providers designated by: _____
Parent/Guardian Name
to provide my child _____ any necessary medical care as a result of any injury/illness.
Child's Name

This consent includes First Aid and transportation to/from health care providers.

Date: _____ Fathers Signature: _____

Date: _____ Mothers Signature: _____

Date: _____ Guardians Signature: _____

Please list all medications being taken: _____

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to utilize the facilities, services, and programs of the Rogers Activity Center (RAC) and Rogers Community School Recreation Association (RCSRA) for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the RAC/RCSRA without respect to location, the undersigned, for himself or herself and any personal representatives, heirs and next of kin, hereby acknowledges, agree and represents that he or she has, or immediately upon entering or participating will inspect and consider such premises and facilities or affiliated program.

It is further warranted that such entry into the RAC/RCSRA for observation or use of facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment therein and such affiliated programs have been inspected and considered and that the undersigned finds and accepts as being safe and reasonable suited for the purpose of such observations, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE RAC/RCSRA FACILITIES, SERVICES, AND PROGRAMS FOR ANY REASON, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE RAC/RCSRA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. The undersigned hereby releases, waives, discharges and covenants not to sue the RAC/RCSRA, its directors, officers, employees, and agents (the releasees) from all liability to the undersigned, his/her, personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, WHETHER CAUSED BY THE INTENTIONAL NEGLIGENCE OF THE RELEASEES OR OTHERWISE while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the RAC/RCSRA, without respect to location.
2. The undersigned hereby agrees to indemnify and save and hold harmless the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the RAC/RCSRA premises or in any way observing or using any facilities or equipment of the RAC/RCSRA or participating in any affiliated with the RAC/RCSRA, WHETHER CAUSED BY THE INTENTIONAL NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE DUE TO THE INTENTIONAL NEGLIGENCE OF RELEASEES OR OTHERWISE while in, about, or upon the premises of the RAC/RCSRA and/or while using the premises or any facilities or equipment therein or participating in any program affiliated with the RAC/RCSRA.
4. The undersigned assumes full responsibility for any lost or stolen items while in, about, or upon the premises of the RAC/RCSRA and/or while using the premises or any facilities or equipment therein or participating in any program affiliated with the RAC/RCSRA.

I further, definitely agree that the forgoing release, waiver, and indemnity agreement cannot be altered in any way, and is intended to be as broad and inclusive as is permitted by the laws of the State of Arkansas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

I HAVE READ AND VOLUNTARILY SIGN THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE.

Signature

Print Name

Parent/Guardian (if participant is under 18 years of age)

Date

Witness

Date

The following information is requested to enhance our ability to secure funding that will allow our programs to stay affordable and accessible to all. Please take a few minutes to complete this information.

Child's Age: _____

M ___ F ___

Single Parent Household: YES NO FOSTER

Child Lives with _____

Annual Household Income:

___ Less than \$19,999

___ \$20,000 to \$39,999

___ \$40,000 to \$59,999

___ \$60,000 to \$79,999

___ \$80,000 to \$99,999

___ \$100,000 to \$129,999

___ \$130,000 to \$149,999

___ \$150,000 +

Ethnicity:

___ Caucasian/White

___ Latino

___ African American

___ Multi Racial

___ Asian/Pacific Islander

___ Arab American

___ Native American

___ Other

If this program was not available, what would your child do over the summer?

___ Stay home alone

___ Stay home with a babysitter or other family member

___ Attend a different program

___ Other _____

Has any other immediate family member ever participated in any Rogers Activity Center childcare opportunity?

___ Yes

___ No

Please take a moment to share the experience: _____

City of Residence:

___ Bentonville

___ Elkins

___ Bella Vista

___ Farmington

___ Decatur

___ Fayetteville

___ Gentry

___ Lincoln

___ Gravette

___ Prairie Grove

___ Lowell

___ Springdale

___ Pea Ridge

___ Tontitown

___ Rogers

___ West Fork

___ Siloam Springs

___ Other _____