



BURLINGTON RECREATION & PARKS
AFTERSCHOOL & FUNDAYS REGISTRATION FORM
2016 - 2017

My child will participate: FULL TIME PART TIME DROP IN Start Date: _____

ON SITE (tentative)	Andrews	Grove Park	Hillcrest	Newlin
PICK UP SITE (tentative)	Thataways Youth Center		School: _____	

Child's Name (please print): _____ Preferred Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Date of Birth: _____

Age: _____ Gender: _____ School: _____ Grade Level (Fall 2016): _____

Parent/Guardian's Email: _____

Parent/Guardian's Name: _____

Address: _____

Employer: _____

Home Number: _____ Cell Number: _____ Work Number: _____

Parent/Guardian's Name: _____

Address: _____

Employer: _____

Home Number: _____ Cell Number: _____ Work Number: _____

Please list name, address, and phone number of the people who may pick up your child other than the above parent/guardian and also who can be reached in case of an emergency. Identification will be required to pick up children.

Name: _____ Relationship: _____

Address: _____

Day Phone Number: _____ Emergency Contact: Yes ___ No ___

Name: _____ Relationship: _____

Address: _____

Day Phone Number: _____ Emergency Contact: Yes ___ No ___

Emergency Evacuation Plan

In case of an emergency, your child will be evacuated to Fairchild Community Center (336-222-5119) on Graham-Hopedale Road. If Fairchild is evacuated they will be taken to Thataways Youth Center (336-222-5134).

Health Information

- 1. Allergies (please list): _____ YES / NO
- 2. Heart Disease: _____ YES / NO
- 3. Respiratory Problems: _____ YES / NO
- 4. Nervous Disorders: _____ YES / NO
- 5. Diabetes: _____ YES / NO
- 6. Hyperactivity: _____ YES / NO
- 7. Custody Agreement*: _____ YES / NO
**If yes, a copy of the court agreement must be kept on file with the BRPD Main Office & Afterschool/Funday site director.*
- 8. Is your child taking any medications*? (please list): _____ YES / NO
**Medication Policy Packet is required in advance to administer medicine. Children may not medicate themselves.*

Emergency Permission*

I give permission to the Burlington Recreation & Parks Department staff to authorize emergency treatment and transportation of my child to the nearest hospital available.

Child's Name (please print): _____

Parent/Guardian's Signature: _____ Date: _____

**This is to be used by the counselor only in the case of an emergency and every effort will be made to contact the parent.*

Field Trips/Transportation

I give permission to the Burlington Recreation & Parks Department staff to provide transportation for any field trips that my child will be involved in. The City of Burlington's buses or vans will provide transportation. I give permission for my child to be transported on field trips and for Emergency Evacuation.

Parent/Guardian's Signature: _____ Date: _____

Photography Waiver

I permit the City of Burlington to use and publish photographs and/or videotapes of me and/or my children for purposes of promoting recreation activities to the community.

Parent/Guardian's Signature: _____ Date: _____

Child's Swimming Ability

I give permission for my child to participate in any swimming activities and swimming field trips with Burlington Recreation and Parks. Stated below is the water level we will allow our child to swim. If this swim level is not appropriate we give permission to the staff to change to a safer, more appropriate level for my child's swimming ability.

The Maynard Aquatic Center is split into four zones. Each zone is colored coded and every swimmer will wear a color-coordinated wrist band. The zones are as follows:

- _____ Red – Up to 2 feet. This will include the zero-depth ramp & the frog slide (no swim test)
- _____ Yellow – 2 feet up to 3.8 feet. Extends from the frog slide area to the beginning of the lap lane.*
- _____ Green – 3.8 feet up to 4.5 feet. Extends through half of the lap lane markings.*
- _____ Blue – 4.5+ & Diving Well. Includes the deepest 3 lap lanes & Diving Well.*

**Participants must pass a swim test for these swim levels. Participants must swim successfully without touching the bottom of the pool or the lane rope for 10 yards or be at least 40" tall (Yellow zone), 10 yards or be at least 60" tall (Green zone), or 25 yards (Blue zone).*

Parent/Guardian's Signature: _____ Date: _____



BURLINGTON RECREATION & PARKS
AFTERSCHOOL & FUNDAYS REGISTRATION FORM
2016 - 2017

Child's Name: _____ Site: _____

Consent and Liability Waiver

I wish for my child to participate in one or more activities offered through Burlington Recreation & Parks. I understand that he/she should abide by the rules and regulations of the department. I am also aware that there may be certain inherent risks or accidents associated with various activities. I agree to assume all risks involved in participation of such activities. I release the employees, volunteers and agents of the City of Burlington from any responsibility should an incident happen.

Parent/Guardian's Signature: _____ Date: _____

Payments

I understand that Afterschool Full & Part Time Fees will be due "before" the 1st of every month and must be kept current. If payments are not received before the 1st of every month your child will not be able to attend the program until it is paid.

Parent's Signature: _____ Date: _____

How did you hear about Burlington Recreation & Parks Afterschools or Fundays? _____

UPDATED JULY 29, 2016