

Hartsuff Park 2017 Summer Program Enrollment and Authorization

The following information needs to be filled out completely, including area codes with all telephone numbers. PLEASE PRINT.

Child's Name _____ Age: _____ DOB: _____ Gr (17/18): _____
Last First Middle

Address _____ Town _____

Medical Condition(s)/Allergies _____

Mother's Name _____ Email _____

Home Address _____ Home Phone _____

Name of Business _____ Work Phone _____

Business Address _____ Cell Phone _____

Father's Name _____ Email _____

Home Address _____ Home Phone _____

Name of Business _____ Work Phone _____

Business Address _____ Cell Phone _____

MY CHILD MAY BE DISMISSED TO EITHER PARENT: YES NO

If "NO", legal documents must be on file with the Youth Commission office.

I hereby authorize the Rockland Youth Commission to release my child to the following people
(Other than parents):

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the Rockland Youth Commission to arrange transportation to the _____
(Or nearest hospital) and to secure the necessary medical treatment. I also understand that the lifeguards and some of the program staff are trained in the basics of First Aid and I authorize them to treat my child when appropriate.

HARTSUFF PARK SUMMER PROGRAM SCHEDULE

Please circle weeks in which you are registering and number of days. Staffing is based on the number of children registered – you are required to pay for all weeks circled

Hartsuff Park Full Day Program:

Weeks: #1- 6/26 #2 – 7/5 #3 – 7/10 #4 – 7/17 #5 - 7/24 #6 – 7/31 #7 – 8/7

Cost is for Full Day Program: (please Circle)

5 Days: \$160/child or 4 Days: \$120/child

Hartsuff Park Half Day Program (Chipmunk):

Weeks: #1- 6/26 #2 – 7/5 #3 – 7/10 #4 – 7/17 #5 - 7/24 #6 – 7/31 #7 – 8/7

Cost is for Chipmunk : (Please Circle)

4 Days M-Th - \$95.00 or 2 Days per week - \$50.00/child M&W or T& Th

T-SHIRT SIZE: (Please Circle)

YOUTH: sm med lg

ADULT: sm med lg XL

FOR OFFICE USE ONLY

Date Received: _____ Payment Amount: _____ Type: Check # _____ Received By: _____

Parental Consent, Release from Liability and Indemnity Agreement

I/We _____, the parent(s)/guardian(s) of the minor _____ (The "registrant"), give permission for the registrant to participate in programs sponsored by the Town of Rockland Youth Commission. I/We understand that the Rockland Youth Commission will provide supervision for the safety and well being of the registrant and I/We agree that the registrant will abide by the rules of the Rockland Youth Commission and the Town of Rockland and follow the instructions of all supervisory staff, including sponsors, employees, volunteers and other personnel.

I/We recognize the risk of injury or accident related to the activity. I/We also acknowledge that the registrant may not participate in the activity unless I/We waive claims, which I/We may have arising from the registrant's participation in the activity. I/We agree to forever RELEASE the Town of Rockland, a municipal corporation of the Commonwealth of Massachusetts, and all their employees, officers, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs of the Town of Rockland ("the Releasees") from any and all claims, actions, rights of action and causes of action, damages, costs, loss of services, expenses, compensation and attorneys' fees that may have arisen in the past, or may arise in the future, directly or indirectly, from known and unknown personal injuries to my child or property damage resulting from my child's participation in the Town of Rockland's voluntary athletic or recreation programs which I/We may now or hereafter have as the parent/guardian of said minor child and which said minor child has or hereafter may acquire, either before or after reaching majority.

I/We also promise to INDEMNIFY, REIMBURSE, DEFEND, and HOLD HARMLESS the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, including damages, costs and attorneys' fees, arising from personal injuries to my child or property damage resulting from my child's participation in the Town of Rockland's voluntary athletic or recreation programs.

I/We further affirm that I/We have read this Parental Consent, Release from Liability and Indemnity Agreement, and that I/We understand the contents of this Agreement. I/We understand that my child's participation in these programs is voluntary and that my child and I/We are free to choose not to participate in said programs. By signing this Agreement, I/We affirm that I/We have decided to allow my child to participate in the Town of Rockland Youth Commission athletic or recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injury and property damage my child or I/We may suffer in voluntary Town of Rockland Youth Commission athletic or recreation programs. Permission is granted for use of photographs taken in promotional material which may include but is not limited to flyers, notices, newspapers, and bulletin boards.

Signed: _____

Parent(s)/Guardian(s) of Participant

Parent(s)/Guardian(s) of Participant

Date

Rockland Youth Commission Waiver

I _____, the parent(s)/guardian(s) of the minor _____ (the "registrant"), give permission for the registrant to participate in programs sponsored by the Town of Rockland Youth Commission. I understand that the Rockland Youth Commission will provide supervision for the safety and well being of the registrant and I agree that the registrant will abide by the rules of the Rockland Youth Commission and the Town of Rockland and follow the instructions of all supervisory staff, including sponsors, employees, volunteers and other personnel.

I recognize the risk of injury or accident related to the activity. I also acknowledge that the registrant may not participate in the activity unless I waive claims, which I may have arising from the registrant's participation in the activity. I hereby waive, release and otherwise discharge the Town of Rockland, the Rockland Youth Commission and each of their respective members, officers, commissioners, employees and agents, including all supervisory staff from any and all claims, which I may now or in the future have arising from the registrant's participation.

In the event of a field trip or bad weather, I authorize the Youth Commission to transport my child by car, van or bus to another location.

I also understand that the registrant may be removed from the activity by any supervisory staff, the Youth Service Director or the Rockland Youth Commission for just cause.

I hereby authorize that first aid and emergency medical treatment is administered to the registrant, if reasonably necessary.

Promotional Authorization

Circle One: I authorize

I DO NOT authorize

the Rockland Youth Commission to use photographs taken of my child _____ during Youth Commission programs in promotional material, which may include but is not limited to flyers, notices and bulletin boards.

Signature of Parent/Guardian

Date

I have reviewed all of the attached documents and I understand the policies and procedures of the Hartsuff Park Day Program and the Rockland Youth Commission.

Signature of Parent/Guardian

Date

Dismissal Policy

For the safety of our participants, employees of the Rockland Youth Commission will only release your child to the individuals listed on the authorization form. If unfamiliar to the staff, the person picking up will be required to show *picture identification* before your child will be dismissed. Any changes (including adding names or withdrawing names) to the authorization form must be made in writing at the Youth Commission office. Verbal notification will not be accepted.

Extended Hours Policy

Additional hours are available for working parents from **7:30-9:00am** and from **3:00-5:00pm**. All hours must be submitted on line or to the Youth Commission office in writing and pre-paid with the weekly program fees by 4:00 the previous Wednesday. We cannot guarantee staff for hours not scheduled by 4:00 on the Wednesday before your child is attending. Hours not scheduled will be billed at a rate of \$5.00/hour per child, this includes children picked up late (after 3:05pm). All hours are scheduled in full hour increments only. The rate is \$7.00/child for AM per day and the afternoon rate is \$10 /child per day. When purchasing extended Hours are good for the day that you're registered for and cannot be carried over into additional weeks.

Cancellation and Refund Policy

Refunds are made only for cancellations made in writing by the Monday prior to the week your child is attending. Failure to cancel in writing will result in an outstanding balance of the full program fee. Children will not be able to enroll in additional Youth Commission programs until the balance is paid. No refunds will be made for a child who arrives late, leaves early or attends only a portion of the week. Payment adjustments will not be made for children who are sent home with an illness. The registration fee will not be refunded. There are no pro-rated rates for children who do not attend the field trips.

Participant Discipline Policy

The Rockland Youth Commission has developed the following disciplinary policy. The discipline and guidance will be based on the individual needs and development of the child. Any special considerations regarding your child should be brought to the attention of the Youth Service Director or the Hartsuff Park Program Director. Any act by a child which is viewed as inappropriate or that endangers himself/herself, another child or staff member will be handled as a discipline problem and may result in a phone call to the parent/guardian. Once a parent/guardian is notified, immediate removal from the program for the remainder of the day will be required.

All other actions requiring discipline will be handled in the following manner:

First Warning: The staff member will give an explanation of why the behavior or action is inappropriate. The child will be told of the consequences should the behavior continue.

Second Warning: The child will be brought to the Program Director/Assistant Director at which point further discussion will be had. Children often need a short break from the activities to settle down. After that, the child will be able to return to his/her group.

Third Warning: A phone call will be made to the parent/guardian, at which point removal from the program for the remainder of the day will be required.

For any reason, once a child has been removed from the program for the day, he/she will not be allowed to return until a meeting takes place between the parent/guardian, the Youth Service Director, and the Program Director. The goal will be to work together towards a resolution to the problem. Refusal to meet with the Director will result in immediate and permanent removal of the child from the program. No refunds will be given for a child who has been removed from the program.

Youth Commission supervisory staff, the Youth Service Director, or the Rockland Youth Commission may permanently remove a child from the program for just cause.

Decisions made by employees of the Rockland Youth Commission may be appealed in writing within five business days of the decision to the Youth Commission. The issue will then be placed on the agenda for the next scheduled Commission meeting. Decisions made will be enforced until such time as the Youth Commission hears the appeal.

Hartsuff Park Program Medical Policy

The following policies are for the protection of the participants and the staff at Hartsuff Park. Unfortunately, the facilities at Hartsuff Park are not conducive to accommodating children who are not feeling well. The Director or Assistant Director will have the final decision as to when children need to go home.

Children will be sent home if:

- ➔ They are running an elevated temperature (99.6°F or higher).
- ➔ They show signs of any type of rash.
- ➔ They have a contagious illness/condition.
- ➔ They are nauseous, vomiting or are complaining of a headache.

Children who are sent home with a contagious illness/condition will not be re-admitted to the program without a doctor's note. Contagious conditions include but are not limited to head lice & conjunctivitis. In cases where children have a temperature, they will not be re-admitted until they have a normal temperature and have been off of fever-reducing medication for 24 hours.

Failure to respond in a timely manner (within one hour) to a request to pick-up your child will result in removal of your child for the remainder of the week.

For any emergency medical situation, the Rockland Fire Department will be notified first, followed by the parent/guardian.

Medications

The staff are unable to administer any medications, including all prescriptions and over the counter medications. If your child acquires a condition requiring any type of medication, he/she needs to have it administered by a parent/guardian before the program day starts.

If you have any questions about the medical policy, please call the office between 8:30am and 4:30pm.