



# BURLINGTON RECREATION & PARKS AFTERSCHOOL & REC DAYS REGISTRATION FORM 2020-2021

Please circle the program/program combination your child will participate in & the Afterschool site your child will be attending.  
To be eligible for Afterschool: 1) a child must currently attend kindergarten AND 2) be 5 years old on or before August 31, 2020.

START DATE: \_\_\_\_\_

My child will participate:

AFTERSCHOOL ONLY

VIRTUAL LEARNING ONLY

AFTERSCHOOL & VIRTUAL LEARNING

|                        |   |                           |                          |  |
|------------------------|---|---------------------------|--------------------------|--|
| ON SITE<br>(tentative) | Andrews<br><i>(call for more information)</i> | Grove Park<br>M/T or TH/F | Hillcrest<br>M/T or TH/F | Newlin<br><i>(call for more information)</i> |
| VIRTUAL LEARNING       | 3 DAYS WEEKLY<br>M T W TH F                   |                           | 5 DAYS WEEKLY            |  |

\*Please circle the days your child will be attending each program.

Child's Name (please print): \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ School: \_\_\_\_\_ Grade Level (Fall 2020): \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

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### Parent/Guardian Information

The adult(s) listed in this section should be those in which the participant resides.

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

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Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

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**Emergency Contacts & Release Authorization**

Participant will be released only to the parent/guardian(s) listed. The participant can also be released to the following individuals, as authorized by the parent/guardian(s). In the event of an emergency, if parent/guardian cannot be reached, Burlington Recreation & Parks staff has permission to contact the following individuals. Please list in order the names of individuals other than parents/guardians who are authorized to be contacted in case of an emergency and are allowed to sign out the participant. Authorized individuals must be 16 or older and identification will be required to sign out participant. **Any changes must be submitted in writing** (see director to make changes).

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Day Phone Number: \_\_\_\_\_ Emergency Contact: Yes \_\_\_ No \_\_\_

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Day Phone Number: \_\_\_\_\_ Emergency Contact: Yes \_\_\_ No \_\_\_

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Day Phone Number: \_\_\_\_\_ Emergency Contact: Yes \_\_\_ No \_\_\_

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Day Phone Number: \_\_\_\_\_ Emergency Contact: Yes \_\_\_ No \_\_\_

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**Additional Information**

1. Please give any information concerning the participant which will be helpful in his/her experience while in our supervision caring for your child (such as play, eating and sleeping habits, special fears, special likes or dislikes):

\_\_\_\_\_  
\_\_\_\_\_

2. Custody Agreement\*: \_\_\_\_\_ YES / NO

*\*If there is a custodial issue that would restrict a parent/guardian from having access to the child, court documents will need to be provided to the Burlington Recreation & Parks Main Office and will be kept at the program site. Custodial documents are not transferable from program to program. A new agreement must be submitted at the start of each program.*

### Health Care Needs

1. List any allergies and the symptoms and type of response required for allergic reactions\*: \_\_\_\_\_

*\*If your child has an allergy that could result in anaphylaxis (example: tree nut or bee allergy) please note that we strongly encourage providing your child with an EpiPen to keep at the program site.*

2. List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns: \_\_\_\_\_

3. Does the participant have any chronic illnesses/conditions (explain): \_\_\_\_\_ YES / NO

4. Respiratory Problems\*: \_\_\_\_\_ YES / NO

*\*If your child requires an inhaler please note that we strongly encourage providing your child with an inhaler to keep at the program site.*

5. Nervous Disorders: \_\_\_\_\_ YES / NO

6. Diabetes: \_\_\_\_\_ YES / NO

7. Hyperactivity: \_\_\_\_\_ YES / NO

8. Heart Disease: \_\_\_\_\_ YES / NO

9. List any types of medication taken for health care needs **AND** what they are being taken for\*?

10. Are any medications needed to be taken during program hours\*? \_\_\_\_\_ YES / NO

11. Is there a medical action plan attached? \_\_\_\_\_ YES / NO

*\* For any participant with health care needs such as allergies, asthma, or other chronic conditions that require medication, a completed Medication Policy & Action Plan Packet must be attached to the application. **Only medications which are medically necessary and cannot be scheduled outside the hours of the recreation program will be administered during the program or kept on site.** Children may not medicate themselves. The Medication Policy & Action Plan Packet must be completed by the child's parent **AND** health care professional.*

- Please check here to verify that you will NOT be providing your participant with an EpiPen for allergy listed above, that you understand the risks of not doing so, and that you release the City of Burlington from any and all liability regarding treatment of your child in the event of a life-threatening allergic reaction. In the event of a life-threatening allergic reaction, program staff will immediately call 911 then attempt to contact the parent/guardian. We **DO NOT** have Benadryl or EpiPens on site available for use.
- Please check here to verify that you will NOT be providing your participant with an inhaler for respiratory problem listed above, that you understand the risks of not doing so, and that you release the City of Burlington from any and all liability regarding treatment of your child in the event of a life-threatening situation. In the event of a life-threatening situation, program staff will immediately call 911 then attempt to contact the parent/guardian. We **DO NOT** have inhalers on site available for use.

***Medication packets are not transferable from program to program. A new packet must be completed at the start of each program. Packets could take up to 2 weeks to process and approve if completed correctly.***

**Emergency Permission\***

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

Participant's Name (please print): \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\* This is to be used by the staff only in the case of an emergency and every effort will be made to contact the Parent/Guardian.*

**Field Trips/ Emergency Evacuation/ 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 and for Emergency Evacuation. The City of Burlington and/or Alamance-Burlington School System buses or vans will provide transportation.

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: \_\_\_\_\_

**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: \_\_\_\_\_

**Consent and Liability Waiver**

I wish for my child to participate in one or more activities offered through the City of Burlington Recreation & Parks Department. I understand that he/she must abide by the rules and regulations of the department. I am also aware that there are 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. Further, I shall hold harmless, defend and indemnify the City, its officers, agents, employees, and assigns from any and all claims, demands, disputes, actions, suits, charges and judgements arising out of the performance or nonperformance of this Agreement.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**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).

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How did you hear about Burlington Recreation & Parks Afterschool/Rec Day Programs? \_\_\_\_\_



CITY OF BURLINGTON – RECREATION & PARKS  
WAIVER/RELEASE FOR COMMUNICABLE DISEASES ***INCLUDING COVID-19***  
ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate in City of Burlington Recreation & Parks programs or use City property and/or facilities, which include but are not limited to summer camps, afterschool, athletic practices and competitions, facility and equipment rentals, aquatic activities, and any other City sanctioned activity or any event taking place on City property, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19 (coronavirus). While particular rules and personal discipline, choices and behavior may reduce this risk, the risk of serious illness and death does exist (the risk of serious illness and death hereinafter referred to as “all such risks”); and,
2. 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 participation; and,
3. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS** the City of Burlington their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the activity or event (“RELEASEES”), **WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.

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

Name of participant: \_\_\_\_\_

Participant signature (if over 18 years): \_\_\_\_\_

Name of guardian: \_\_\_\_\_

Guardian signature (if participant is under 18 years): \_\_\_\_\_

Date signed: \_\_\_\_\_