



After School Program Application Form

Student Information (please print)

- Student's Name (Last Name, First Name) _____ Age _____
Address: _____ City _____ Zip _____
Home Phone: _____ Date of Birth: ____/____/____
School: _____ Grade: _____
- Parent/Guardian: _____ Legal Custody: ☐ yes ☐ no
Address: _____ City _____ Zip _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____
- Parent/Guardian: _____ Legal Custody: ☐ yes ☐ no
Address: _____ City _____ Zip _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____

Authorized Pick-Up and Emergency Contact List

Only people listed on the authorized pick-up list will be allowed to sign your child out of After School Program. Any changes must be made IN PERSON.
In case of emergency, Parents/Guardians will be contacted first. If Parents/Guardians cannot be reached, we will then call the people below in the order listed.

- Name _____ Relationship: _____ Phone: (____) _____
- Name _____ Relationship: _____ Phone: (____) _____
- Name _____ Relationship: _____ Phone: (____) _____
- Name _____ Relationship: _____ Phone: (____) _____
- Name _____ Relationship: _____ Phone: (____) _____

I give permission for my child to sign himself/herself in or out on the attendance sheet for the program.

Initials _____

PLEASE CHECK IF THE CHILD HAS HAD ANY OF THE FOLLOWING:

- | | | | | |
|---|--|--|--|---------------------------------------|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Mumps | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Nose Bleeds | <input type="checkbox"/> Appendicitis |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Sinus Trouble | <input type="checkbox"/> Headaches | <input type="checkbox"/> Skin Rash | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> German Measles | <input type="checkbox"/> Ear Infection | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Diphtheria |
| <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Fainting | <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Asthma |

YEAR OF LAST IMMUNIZATION OR BOOSTER

Tetanus _____	Mumps _____
Diphtheria _____	German Measles _____
Whooping Cough _____	Hepatitis _____
Polio _____	

Allergies: _____

Medications: _____ Reason: _____

Medical Conditions: _____

PARENTS INDICATE WHICH DAYS YOUR CHILD IS ATTENDING AFTER SCHOOL

AUG _____ SEPT _____ OCT _____ NOV _____ DEC _____ JAN _____ FEB _____ MAR _____ APR _____ MAY _____ JUN _____

WAIVER RELEASE

AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE, WAIVER AND RELEASE OF CLAIMS AND AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FOR MINOR CHILD

In consideration of the City of Los Angeles acting through its Department of Recreation and Parks granting the below named minor child ("Minor") the opportunity to participate in Carlin G. Smith Recreation Center's After School Program ("Program"), I, (print name) _____, the undersigned, as parent or legal guardian of the Minor, do hereby agree as follows:

- **I am aware that there are certain risks of injury and/or damage inherent in the Program activities.**
- **I understand that if my child misbehaves and/or is sick and needs to be sent home, I agree to pick her/him up at the time requested by staff.**
- **I agree to complete the health history form** providing Minor's current, complete and truthful health history, including immunization history and overall physical, mental and emotional health status. Under certain medical conditions, I understand that Carlin G. Smith Recreation Center may require a written authorization based on a physical examination by a licensed medical person as a requirement for the Minor to participate in the Program.
- **I confirm to the best of my knowledge and belief,** Minor is not subject to a physical or mental infirmity nor under the influence of any medication or other substance which might hinder his/her safe participation in the program.
- **I will instruct Minor to abide by all safety regulations** and to take reasonable precautions to minimize the risks of injury or damage arising from participation in the Program.
- **I give my consent to have Minor participate in all aspects of the Program** and I knowingly assume full responsibility for all risks of bodily injury, death or property damage which Minor may sustain as a result.
- **I give my consent to have the Minor transported** by car, van, chartered bus, chartered school bus and /or public transportation, or walking as part of the Program.
- **I understand that the City has no obligation to obtain medical treatment for Minor.** Should it be necessary for Minor to have emergency medical care while participating in the Program, I hereby give the City personnel my permission to use their judgment in obtaining medical care, and; **I give permission to the medical care provider** selected by the City personnel to render medical care deemed necessary and appropriate.
- **I also authorize the City to make, procure or use photographs,** films, tapes or other likenesses of Minor's physical image and/or voice as may be needed for use with Program's publicity materials.
- **Except for the gross negligence or willful misconduct of the City,** I waive all rights of recovery which Minor or I may have now or in the future, whether known or unknown, against the City of Los Angeles or its officers, agencies or employees, and I release, acquit and forever discharge the City from any and all liability for any bodily injury or other personal injury, damage, loss or expense, claims, demands, causes of action, money damages, costs, loss of services or use, compensation, debts, including attorney fees, which result from or are in any way connected with Minor's participation in the Program or any related activities.
- **I have carefully read this agreement.** I understand what it means and my signature below is my own free act. I intend it to be legally binding on Minor and myself. I also acknowledge that I have received the After School Parent letter and agree to the terms and policies described therein.
- **Important:** Parent or Guardian's signature required:

Parent's Signature

X _____ Date: _____

Parent's Name

(please print) _____ Tel: () _____

Student's Name _____

Participant Name (Nombre del Participante) _____

AFTER SCHOOL PAYMENT LEDGER
-FOR OFFICE USE ONLY-

Registration Fee: _____ Registration RR#: _____

AFTER SCHOOL PARENTS INFORMATION GUIDE –For Parents

Initials

_____ I, understand there is no pro-rating. Monthly fee is set, fee will not be adjusted based on attendance or amount of days in the month.

_____ I, understand the fee for the After School Club is due one business day before the 1st of every month.

_____ I, understand to call the Carlin G. Smith office by 1pm if your child(ren) is absent and/or do not need to be picked up.

_____ I understand that I must pick up my child(ren) from the After School Club by 5:30pm.

_____ I, understand that if I pick up my child(ren) after 5:35pm, a \$1 late fee after every minute after 5:35pm.

_____ I, understand that your child must re-register in our program for each new school calendar year.

_____ I, understand, if any information on this application changes, please let the office know so that we can make the proper adjustments.

_____ I, understand your child(ren) can be suspended from After School program due to conduct, behavior, and attitude.

Parents Signature: _____

Date: _____

Participant Name (Nombre del Participante): _____

AUTHORIZATION TO PARTICIPATE (LA AUTORIZACIÓN PARA PARTICIPAR)

My child, a minor, has my permission to participate in all the activities. I understand that certain activities by nature have an increased risk of injury, including death, despite extensive measures taken by staff to provide a safe environment and ensure the safety of my child. I understand the nature of games and sports activities and I am aware of the minor's experience and capabilities and believe my child to be qualified, in good health and in proper physical and emotional condition to participate in such activities. I agree to relieve the City of Los Angeles, Department of Recreation & Parks, its officers and agents and employees from any injury to my child in connection with this program. I further understand that the City of Los Angeles Department of Recreation & Parks **CARRIES NO INSURANCE.**

(Mi hijo, un menor, tiene mi permiso para participar en todas las actividades. Entiendo que ciertas actividades por naturaleza tienen un mayor riesgo de lesiones, incluida la muerte, a pesar de las amplias medidas adoptadas por el personal para proporcionar un entorno seguro y garantizar la seguridad de mi hijo. Entiendo la naturaleza de los juegos y actividades deportivas y soy consciente de la experiencia y capacidades del menor y creo que mi hijo está calificado, con buena salud y en condiciones físicas y emocionales adecuadas para participar en tales actividades. Estoy de acuerdo en liberar a la Ciudad

Parent/Guardian Initials (Iniciales de Tutor/Guardián): _____

CONSENT TO TREATMENT OF A MINOR (AUTORIZACION DE TRATAMIENTO DE UN MENOR)

I, as the parent and /or legal guardian of the minor participating in this program, do hereby authorize the City of Los Angeles Department of Recreation & Parks to act as agents for the undersigned to consent for any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specialized supervision of any physician licensed under the provisions of the Medicine Practice Act on the staff of the licensed hospital, whether such diagnosis or treatment is rendered at the office of the said physician or a said hospital. It is understood that this authorization is given in advance of any such diagnose, treatment or hospital care which the aforementioned physician in the exercise of their best judgment, may deem advisable. This authorization shall remain effective through the conclusion of the event or program that the minor is participating in, unless revoked sooner in writing and delivered to said agent.
(Yo, como el padre/guardián del menor participando en este programa, autorizo a la Ciudad de Los Ángeles Departamento de Recreación y Parques que se comporten como agentes en dar autorización en examen de rayos X, anestesia, diagnosis médico o cirugía, tratamiento y hospitalización que es aprobado y vigilado por un Médico licenciado profesional que convive con las provisiones del Medicine Practica Acto en los empleados del hospital licenciado, cuando alguna acción sea requerida en la oficina del Médico o Hospital. Es entendido que esta autorización es dada anteriormente en precaver alguna situación que se requiera alguna acción y el Medico decide que acción sea admisible. Esta autorización será efectiva hasta la conclusión del programa de cual el menor estará participando en y será efectiva hasta que sea sometido en una carta escrita y entregada a el agente en cual el menor estará por el periodo del programa.)

Parent/Guardian Initials (Iniciales de Tutor/Guardián): _____

Participant Name (Nombre del Participante): _____

GENERAL POLICIES (POLIZAS Y REGLAS GENERALES)

- 1. Participants must be age appropriate by the first day they attend and may be required to show proof of age.**
(Los participantes deben ser de edad apropiada en el primer día que asistan y pueden ser obligados a presentar prueba de edad.)
- 2. Program participants must be picked up by 5:30 pm or be charged for late fees.**
(Los participantes del programa deben ser recogidos a las 4:30 p.m. o se le cobrar por la Atención Extendida.)
- 3. Registration is on a first come first serve basis as there are limited spaces available.**
(El registro es en un primer llegado primer servido base, ya que solo hay un límite de espacios disponibles.)
- 4. No Refunds unless the program is cancelled. There are no credits or make-up days for missed days.**
(No hay reembolsos a menos que el programa sea cancelado. No hay créditos ni días de maquillaje para los días perdidos.)
- 5. Program participants that have one (1) unauthorized absence are subject to being dropped from the program and a new participant from the waiting list will take their place on the program roster.**
(Los participantes del programa que tienen uno (1) ausencia no autorizadas están sujetos a ser retirados del programa y un Nuevo participante de la lista de espera ocupará su lugar en la lista del programa.)
- 6. DRESS CODE: Closed-toed shoes with rubber soles must be worn daily.**
(INDUMENTARIA: Zapatos de pie cerrado con suelas de goma deben usarse diariamente.)
- 7. PHOTO RELEASE: By registering, you authorize the City to make, procure or use photographs, films, tapes or other likenesses of Minor's physical image and/or voice as may be needed for use with Program's publicity materials.**
(DIVULGACIÓN DE FOTOS: Al registrarse, usted autoriza a la Ciudad a hacer, adquirir a utilizar fotografías, películas, Cintas u otras semejanzas de la imagen física y/o voz del Menor según sea necesario para su uso con los materiales de publicidad de Programa.)
- 8. The facility is NOT responsible for lost or stolen articles. No Electronics or valuables may be brought to program.**
(La instalación NO son responsables por artículos perdidos, robados o quebrados. No se pueden traer artículos electrónicos ni objetos de valor al programa.)

I acknowledge that I have read and understand all of the policies as listed on this application. By my child's participation I agree to follow and abide by these rules.

(Yo reconozco que he leído y entendido todas las pólizas como se indica en esta solicitud. Por la participación de mi hijo/a, estoy de acuerdo de seguir y cumplir estas reglas.)

Print Name of Parent/Guardian (Nombre de Tutor/ Guardián): _____

Signature of Parent/Guardian (Firma de Tutor/Guardián): _____ **Date (Fecha):** _____