



Highland Park Recreation Center After School Care 2022-2023 Application Form

STAFF USE ONLY

RR#: _____
Date: _____
Initial: _____

Participant Information (please print)

- Participant's Name (Last Name, First Name) _____ Age _____
Address: _____ City _____ Zip _____
Home Phone: _____ Date of Birth: ____/____/____ School: _____

- Grade: _____ Teacher's Name: _____ Classroom: _____

- 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. 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 PARTICIPANT HAS HAD ANY OF THE FOLLOWING: YEAR OF LAST IMMUNIZATION OR BOOSTER

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

Medications: _____ Reason: _____

Medical Conditions: _____

OFFICE USE ONLY:

Additional Authorized Pick-Up and Emergency Contact List

Only people listed on the authorized pick-up list will be allowed to sign your child out. 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: () _____

PERMISSION TO SIGN IN AND OUT OF AFTER SCHOOL CLUB

Participants must be at least 8 years old to sign themselves in or out of the program. Please be aware that by allowing your child to sign him/herself in or out of After School Club, Highland Park Recreation Center and/or staff are NOT responsible for them before or after the given time. Please check the lines below that apply to you.

Initial inside box

My child has permission to sign INTO ASC:

My child has permission to sign OUT of ASC: Time

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ **Date** / / _____

Movie Waiver

The Highland Park After School Program will be showing movies throughout the program at the park. The movies shown will have a rating of either G (General Audiences) or PG (Parental Guidance Suggested). Department regulations require Recreation Centers to have parental consent to show any movie above a G rating to program participants. By signing this form you are allowing your child to watch a G or PG rated movie while attending the After School Program.

If you have any questions regarding this policy, please feel free to contact the staff at Highland Park Recreation Center (213)847-4875.

Thank You.

Please check one:

I give my child permission to watch a PG rated movie while attending the program.

I DO NOT give my child permission to watch a PG rated movie while attending the program.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ **Date:** _____

Participant's Name (Last Name, First Name) _____

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 Highland Park Recreation Center's **After School Care**. I, (parent/guardian name) _____, the undersigned, as parent or legal guardian of the Minor, do hereby agree as follows:

- I am aware that Registration fees must be paid before the child attends and weekly/monthly fees must be paid the **Friday** prior to when services are needed. Unless prior arrangements have been made with the director, the Monthly rate will not be available after the first program day of the month.

WE ARE CONFORMING TO LACHD COVID SAFETY PROTOCOLS.

\$100 Monthly- includes Staff pick up from the schools and transportation to the recreation center. Staff supervision, homework assistant, a light snack and organized activities from 3pm-6pm.

\$60 Monthly- includes Staff supervision, homework assistant, a light snack and organized activities from 3pm-6pm.

\$30 Weekly- includes Staff pick up from the schools and transportation to the recreation center. Staff supervision, homework assistant, a light snack and organized activities from 3pm-6pm.

Late Pick up fees- If participant if not signed out by 6pm, there will be a \$10 late fee charged within the first 15 minutes, \$20 for 30 minutes per child.

No Pick ups- Parent or guardian must call, and email the office by 1pm on regular dismissal days and 12pm on short days to inform the center that there is no pick up needed for a participant. \$5 fee per child for not communicating

Parent's Signature _____ Date: _____

- I am aware that there is a scheduled pick up route. In an effort to ensure safety and efficiency, we ask that all children are ready at the pick up site at the time of their scheduled pick up time. Please communicate with the after School staff before scheduling any classes that may be affected by the scheduled times.
- 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 am aware that a safe quiet space will be provided for each child to work on homework. Each child is responsible for bringing their homework or a quiet time activity to keep them busy for at least 1 hr each day.
- 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 Highland Park 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 Camp Newsletter and agree to the terms and policies described therein.
- I understand that there is no pick up or childcare on City of L.A. Holidays. Sept. 2, Oct. 14, Nov. 11, 28, 29, Dec. 23- Jan. 10, Feb. 17, Mar. 30, April 6-10, May 25
- I understand that any child or parent who does not cooperate with park staff will be expelled from the program, without a refund.
- Important: Parent or Guardian's signature required:

Parent's Signature X _____ Date: _____

Parent's Name (please print) _____ Tel: () _____

Participant's Name _____

Immunization Record Requirement Waiver. I hereby request exemption of the child, named above, from the immunization requirements for attendance of the YRC activities because all or some immunizations are contrary to my beliefs. I understand that in case of an outbreak of any one of these diseases, the child may be temporarily excluded from attending for his/her protection.

Parent/Guardian Signature _____ Date: _____

Participant Name (Nombre del Participante)

COVID-19 Acceptance of Risk and Waiver of Liability (COVID-19 Aceptación del Riesgo y Renuncia a la Responsabilidad)

By my participation I am fully aware that there are a number of risks associated with me and/or my child entering onto City of Los Angeles Department of Recreation and Parks (RAP) property, participating in RAP programs, and utilizing RAP equipment and facilities during the COVID-19 pandemic. This waiver, release, and other representations and covenants set forth herein are given in consideration for RAP permitting me and/or my child to participate in RAP programs during this emergency period.

Therefore, without limitation, I understand that I and/or my child could contract COVID-19 disease which could result in a serious medical condition requiring medical treatment in a hospital or could possibly lead to death.

On behalf of myself and/or my child and our heirs, successors and assigns, I knowingly and freely, assume all such COVID-19 related risks, both known and unknown, relating to my and/or my child's entry onto RAP property, participation in RAP programs, and utilization of RAP equipment and facilities as described above, and I hereby forever release, waive, relinquish, and discharge RAP, along with its officers, agents, employees, or other representatives, and their successors and assigns (collectively, the "**City Representatives**"), from any and all COVID-19 related claims, demands, liabilities, rights, damages, expenses, and causes of action of whatever kind or nature, and other losses of any kind, whether known or unknown, foreseen or unforeseen, (collectively, "**Damages**") as a result of me and/or my child entering onto RAP property, participating in RAP programs, and utilizing RAP equipment and facilities as described above, including but not limited to personal injuries, death, disease or property losses, or any other loss, and including but not limited to claims based on the alleged negligence of any City Representative or any other person related to COVID-19 sanitization. I further promise not to sue RAP or any City Representative, and agree to indemnify and hold them harmless from any and all Damages resulting from me and/or my child's contraction of COVID-19.

(Por favor tenga en cuenta que, con su participación, reconoce que es plenamente consciente de que existen una serie de riesgos asociados con su entrada y / o la de su menor acompañado a la propiedad del Departamento de Recreación y Parques (RAP) de la Ciudad de Los Ángeles, participando en programas de RAP, y utilizando equipos de RAP e instalaciones durante la pandemia de COVID-19. Esta renuncia, divulgación y otras representaciones y convenios establecidos en este documento se dan en consideración para que RAP le permita a usted y / o a su menor acompañado participar en los programas de RAP durante este período de emergencia.

Por lo tanto, sin limitación, usted reconoce y entiende que usted y / o su menor acompañado podrían contraer la enfermedad de COVID-19, la cual podría ocasionar una grave infección médica que requiera tratamiento médico en un hospital o posiblemente la muerte.

En nombre de usted y / o de su menor acompañado y sus herederos, sucesores y asignados, usted, consciente y libremente asume todos los riesgos relacionados con COVID-19, tanto conocidos como desconocidos, relacionados con su entrada y / o la de su menor acompañado en la propiedad de RAP, participación en programas de RAP y utilización de equipos e instalaciones de RAP como se describe anteriormente, y por la presente libera, renuncia y descarga para siempre RAP, junto con sus oficiales, agentes, empleados u otros representantes, y sus sucesores y asignados (colectivamente, los **“Representantes de la Ciudad”**), de cualquier reclamo relacionado con COVID-19, demandas, responsabilidades, derechos, daños, gastos y causas de acción de cualquier tipo o naturaleza, y otras pérdidas de cualquier tipo, ya sean conocidas o desconocidas, previsto o imprevisto (colectivamente, **“Daños”**) como resultado de que usted y / o su menor acompañado ingresen a la propiedad de RAP, participen en programas de RAP y utilicen equipos e instalaciones de RAP como se describió anteriormente, incluyendo, entre otros, lesiones personales, muerte, enfermedad o pérdidas de propiedad, o cualquier otra pérdida, y incluye, en otros, reclamos basados en la presunta negligencia de cualquier Representante de la Ciudad o cualquier otra persona relacionada con la desinfección de COVID-19. Además, promete no demandar a RAP ni a ningún Representante de la Ciudad, y acepta indemnizarlos y eximirlos de cualquier daño que resulte en la contracción de COVID-19 de usted y / o su menor acompañado.)

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

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 6:00 pm or be charged.**
(Los participantes del programa deben ser recogidos a las 6:00 p.m. o se le cobrara.)
- 3. DRESS CODE/FACE COVERINGS: Closed-toed shoes with rubber soles must be worn daily. Face coverings must be worn by all participants.**
(Zapatos de pie cerrado con suelas de goma deben usarse diariamente. Todos los participantes deben usar cubiertas faciales.)
- 4. 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.)
- 5. 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): _____

FIRST AID LEDGER

-FOR OFFICE USE ONLY-

DATE	INJURY:	TREATMENT GIVEN:	PARENT INITIAL

PARENT CONFERENCE

-FOR OFFICE USE ONLY-

DATE	INCIDENT:	PARENT INITIAL