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City of Columbia – Parks and Recreation Department Summer Youth Enrichment Program- 2017 Registration Form

Please mark the dates which you plan on attending:



Week:	Dates:	Fee:	2nd:	Attending:
1	May 30 - June 2*	\$48	\$40	
2	June 5 - June 9	\$60	\$50	
3	June 12 - June 16	\$60	\$50	
4	June 19 - June 23	\$60	\$50	
5	June 26 - June 30	\$60	\$50	
6	July 3 - July 7**	\$48	\$40	
7	July 10 - July 14	\$60	\$50	
8	July 17 - July 21	\$60	\$50	

This form serves as the Registration information required for your child to participate in the City of Columbia Parks and Recreation Department's Youth Enrichment Program. This program is held throughout the summer and is billed weekly. There are no daily rates available. This form will only be used for information and emergency purposes for administration and staff. Please complete the entirety of this form to complete your child's registration. The entirety of the program will be based out of the Riverside Elementary School (203 Carter Street, Columbia, TN 38401). Please fill out a separate form for each child. If you register a 2nd child please refer to the '2nd' fee schedule. Each week limited to 45 participants. * Holiday on May 29th – no program, ** Holiday on July 4th – no program.

General Information:

Participants First Name: _____ Date of Birth: ___/___/___ Age: _____

Participants Last Name: _____ Gender: Male Female Grade: _____

Primary Parent/Guardian Contact Name: _____

Home Address: _____ Primary Contact #: (____) _____ - _____

_____ Secondary Contact #: (____) _____ - _____

Important Information

- Registration will be handled on a first come, first served basis and there is no daily rate. Please try and register in advance to reserve your child's attendance.
- This program is only for children **ages 5-12 years old** and must be a kindergarten graduate.
- The program will operate Monday – Friday from 7:30 am until 4:30 pm. Early drop-offs and or late pick-ups will NOT be allowed and could lead to program dismissal.
- Participants may not be dropped off or picked up without a parent/guardian signature – at any time.
- All participants MUST follow the disciplinary policy. If behavior becomes an issue a child may be dismissed from the program at any time.

Emergency Contact Information

Primary Emergency Contact Name: _____

Home Address: _____ Primary Contact #: (____) _____ - _____

_____ Secondary Contact #: (____) _____ - _____

Secondary Emergency Contact Name: _____

Home Address: _____ Primary Contact #: (____) _____ - _____

_____ Secondary Contact #: (____) _____ - _____

Medical Information

Does your child have any social, mental, or medical difficulties or conditions that may affect their ability to participate in the program?

Does your child have any known allergies (please list all):

Are there any specific activities your child should not participate in:

Medications

We encourage any and all medication to be administered before or after drop-off/pick-up. We do understand that medication may have to be administered during the program operation. Please list any and all medications that must be taken during the program time. Please include the amount (dosage), frequency, and time:

Disciplinary Action Policy

Excellent and respectful behavior is expected from each and every participant of the Youth Enrichment Program. Strict adherence to our disciplinary policy is mandatory. If any participant is found in violation of our policy immediate actions will be taken up to and including dismissal from the program for a duration or all of the program. Parents/Guardians are also held to a high standard and expected to respect the program staff and rules. Parents/Guardians who create an unsafe or threatening environment for any program staff will be dismissed from the program. You will NOT be entitled to refund if you or your child violate any policies. All violations are subject to review by the Recreation Manager and Director of the Parks and Recreation Department.

- Respect staff at all times.
- No talking when being address by staff.
- Listen carefully when staff are talking and giving instructions.
- Obey all rules as outlined by staff.
- Respect all other participants at all times.
- Absolutely no fighting.
- No arguing, name-calling, or swearing.
- Participate in each session and help others do the same.
- Respect the Property and Rules of the Recreation Center and other facilities visited.
- Shirts, shoes, and other proper attire are to be worn at all times.
- Sneakers/Closed toe shoes must be worn each day.

The following are disciplinary steps, which are to be taken in dealing with children in the programs and facilities offered by The Columbia Parks and Recreation Department.

1st Offense	Verbal warning and/or time out.
2nd Offense	Verbal warning and longer period of time out, possible loss of participation in activities.
3rd Offense	Counseling with staff member and parent/guardian, possible suspension from program or facility. Disciplinary Action Report must be completed and submitted to program supervisor and Administrative Offices.

Due to offenses varying in severity, The Parks and Recreation Department staff reserves the right to discipline accordingly, to include automatic suspension. Severe offenses include but are not limited to the following: violence or fighting, sexual misconduct, vulgar language, disrespect and/or defiance of program or facility staff, use of drugs or alcohol, etc.

Supervisors are required to fill-out a Disciplinary Action Report upon a child being disciplined three (3) times in one day of participation in a program or facility. This form must be reviewed by the supervisor with the parent/guardian of the child prior to the child being permitted to return to the program or facility. The completed form must be kept in file for the duration of the program or one (1) year for facilities.

The Program Coordinator or Director of Recreation must approve all suspensions from any program or facility. Any suspension above three (3) days may be appealed in writing to The Program Coordinator or Director of Recreation within three (3) days of the beginning suspension date.

By signing below you agree to the policy about and state you have read the above Disciplinary Policy for The Columbia Parks and Recreation Department for Youth Enrichment Program.

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

Authorization Forms

Please read the following authorizations completely and sign each section. These authorizations are required for each child to participate.

Hold Harmless Agreement

I/We agree to waive, indemnify and hold harmless the City of Columbia, Tennessee, its officers, agents and employees from and against any and all losses or expenses (including attorney's fees) by reason of any liability imposed by law or otherwise upon the City of Columbia, Tennessee for damages due to bodily injury, loss of life, damage to personal property or any other damages arising out of or in connection with the participation in the City of Columbia, Tennessee's Playground Program. This agreement shall apply whether or not such injury or damage is a result of the negligence of the above named participant or the City of Columbia, Tennessee, its officers, employees or agents or due to no negligence of any party whatsoever. I hereby consent and authorize The Columbia Parks and Recreation Department to reproduce photographs or videos taken of my child for advertising and publicity purposes. A copy of this authorization shall be as effective as the original. I/We have read and acknowledge that I/We understand and agree with the terms of the hold harmless agreement above and agree to be bound by such terms.

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

Field Trip/Transportation Agreement

I hereby give permission for my child to attend and be transported to and from all field trips as part of The Columbia Parks and Recreation Department's Youth Enrichment Program. (This includes bowling, roller-skating, swimming, and other field trips associated with the program).

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

Authorization for Medical Treatment

I hereby give my permission for any and all medical attention necessary to be administered to my child in the event of an accident, injury, sickness, etc., under the direction of the person (s) listed below, until such time as I may be contacted. I also hereby assume the responsibility for payment of any such treatment.

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

Medication Authorization Form

I /we hereby request that the staff of the Playground Program to administer the following medication to my child.

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

Authorized Pick-Up Information

Please list up to four (4) people you authorize to pick up your child from The Columbia Parks and Recreation Youth Enrichment Program. Remember to include carpool drivers, neighbors, co-workers, relatives, or emergency situations. These individuals must be able to present valid picture identification.

Name: _____

Phone #: (____) ____ - _____

Relation:

Name: _____

Phone #: (____) ____ - _____

Relation:

Name: _____

Phone #: (____) ____ - _____

Relation:

Name: _____

Phone #: (____) ____ - _____

Relation: