


Statesville
RECREATION & PARKS
Statesville Fitness & Activity Center
After School Enhancement Program 2016-2017

Participant's Name: _____ Gender: M F Age: _____ Date of Birth: _____

School: _____ Grade: _____

Registration for: Semester 1__paid__ Semester 2__paid__(due October 28th)

Address: _____ City _____ State _____ Zip _____

Phone: _____ Email: _____

Mother's Name: _____ Mother's Work/Cell Phone: _____

Father's Name: _____ Father's Work/Cell Phone: _____

Emergency Contact Name: _____ Relationship: _____

Phone: _____

Emergency Contact Name: _____ Relationship: _____

Phone: _____

Other People Authorized to Pick Up Child:

Please specify any Medical Conditions, Chronic Illnesses, or Disabilities:

Please specify any allergies or intolerances your child has:

Please list any special accommodations that your child requires to participate in the program:

Please list any information that would help us to ensure your child has a safe and fun camp experience:

Please list any siblings attending the same program: _____

I have enclosed \$ _____ to register for the 2016-2017 After School Enhancement Program. ASEP fees are \$75 for city residents and \$100 for non-residents per semester. Please make checks payable to SRPD.

**Once your child is registered, refunds will only be given if the child's spot can be replaced.
After the 2nd semester payment due date: all remaining spots will open up to the public.**

PARTICIPANT LIABILITY WAIVER AND HOLD HARMLESS AGREEMENT

Please read this form carefully and be aware that by registering your minor child/ward for participation in summer camp program(s), you will be waiving the rights of your minor child/ward to all claims for injuries your minor child/ward might sustain arising out of these program(s) and you will be required to indemnify, hold harmless the City of Statesville Recreation & Parks Department and the City of Statesville for any claims arising out of participation in said program(s).

Risk of Injury: "As a parent or legal guardian of a participant under 18 years of age, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of injuries, including death, damages, or loss which may be sustained as a result of participating in any and all activities associated with this program."

Waiver of Injury Claims: "I agree to waive and relinquish any and all claims I may have arising out of, connected with, or in any way associated with the activities of the program." **Release from Liability:** "I do hereby fully release and discharge the City of Statesville Recreation & Parks Department and the City of Statesville and its officers, agents and employees from any and all claims from injuries, including death, damage or loss which may occur on account of participation in the program."

Indemnity and Defense: "I further agree to indemnify, hold harmless the City of Statesville Recreation & Parks Department and the City of Statesville and its officers, agents, and employees from any and all claims from injuries, including death, damages and losses sustained by my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program." In the event of any emergency, I authorize the City of Statesville Recreation & Parks Department to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed reasonable and necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand and agree to the above Participant Liability Waiver and Hold Harmless Agreement. By this authorization, I hereby approve of the program and accept the facilities, equipment, supervision, and the instruction, or waive the right to do so. I understand that immediately prior to any activity I have the right to inspect the facilities or equipment and will notify the instructor, supervisor, or the City of any objection to the connection therein. I also give permission for my child to be photographed in the program setting, and for those images to be used in publications relating to the City of Statesville Recreation and Parks Department and its affiliated programs.

Parent/Guardian Signature: _____ Date: _____

Late Fees: A \$5.00 late fee will be charged in five minute increments after 5:30pm. Payment is due when late fee is accumulated. Participants with outstanding dues on Friday will not be allowed to attend ASEP until all fees are paid. I have read and accept this policy.

Parent/Guardian Signature: _____ Date: _____

Discipline Policy: Staff will involve the parent/guardian in the disciplinary process. Non-aggressive/physical offenses will be dealt with using the Discipline Action Form.

1. **First Offense-** Verbal warning and parental discussion. (Parent will be asked to sign discipline action form.)
2. **Second Offense-** Written warning and parental discussion.(Parent will be asked to sign discipline action form.)
3. **Third Offense-** 1-3 day suspension and parental discussion. (Parent will be asked to sign discipline action form.)
4. **Fourth Offense-** 3-5 day suspension and parental discussion. (Parent will be asked to sign discipline action form.)
5. **Fifth Offense-** Meeting with parent/guardian to inform them of dismissal from the program.

Disciplinary action will be determined based upon the severity of the offense. Fighting, weapons, tobacco, alcohol, and drugs will not be tolerated. If child violates a severe offense listed above or any offense staff deems to be severe, with advisement from Program Director, staff discretion will be used to determine the punishment.

I have read and discussed with my child the City of Statesville Recreation & Parks Department's After School Enhancement Program Rules and Disciplinary Policy. I agree to accept this policy. I understand that the staff reserves the right to amend this policy based on the severity of the offense. Expulsion from the program will occur for reasons including, but not limited to weapons and violence toward other campers or staff.

Parent/Guardian Signature: _____ Date: _____