

2016 SUMMER YOUTH PROGRAM REGISTRATION FORM

Directions: Registration for the 2016 Summer Youth Program will be processed on-site only on Friday, June 3, from 9:00am-noon at each program location. You must register at the specific site that you wish for your child to attend. Please note that each site is designated for a specific age group. Site locations and age group designations are listed below. Please legibly print and complete all required fields on both pages of the registration form. Bring the completed form with you on June 3 to register.

PARTICIPANT REGISTRATION INFORMATION				
Participant's First and Last Name	Date of Birth (MM/DD/YYYY)	Age	Gender	Site Location

PARENT/GUARDIAN #1	
First Name:	Last Name:
Primary Phone:	Alt Phone:
Street Address:	Zip, City, State:
Email:	
PARENT/GUARDIAN #2	
First Name:	Last Name:
Primary Phone:	Alt Phone:
Street Address:	Zip, City, State:
Email:	
EMERGENCY CONTACT #1 (DIFFERENT FROM PARENT/GUARDIAN ABOVE)	
First Name:	Last Name:
Primary Phone:	Alt Phone:
EMERGENCY CONTACT #2 (DIFFERENT FROM PARENT/GUARDIAN ABOVE)	
First Name:	Last Name:
Primary Phone:	Alt Phone:

PROGRAM SITES & AGE DESIGNATIONS
Ages 6-8
Glenellen Elementary Barkers Mill Elementary Oakland Elementary Burt Elementary Ringgold Elementary Pisgah Elementary Summit Heights Caldwell Lane
Ages 9-12
Crow Recreation Center Kleman Recreation Center Burt Cobb Recreation Center Woodlawn Elementary
Ages 13-16
New Providence Middle West Creek Middle Rossvie Elementary

LUNCHES

Lunches may be provided at no cost by the USDA Summer Food Service Program at selected sites, pending grant approval. Lunch eligibility requirements may vary by site and may include a household income assessment as required. Participants must be on site by 9:30am for the daily count to receive a meal. The daily menu will be posted at each site and will be available for parents upon request. Children may bring their own lunch, but there is no refrigerated storage available.

OFF-SITE ACTIVITIES (FIELD TRIPS)

- Please check the off-site activities that your child is permitted to participate in:
- Free Swim (transportation provided, once weekly on Thursday or Friday)
 - Teen Site Field Trips (Ages 13-16 only). \$15 fee per child.

PARTICIPANT HEALTH/MEDICAL INFORMATION

Does the participant have any food (or other) allergies? (please list):

Please list any other medical/mental/physical limitations or precautions that you wish for staff to be aware of:

No medication will be kept by at the program site or administered by staff in any way. Parents/Guardians are responsible for their child’s own medication. Daily medication must be given at home prior to the start of the program.

EMERGENCY TREATMENT CONSENT

I understand that in case of an emergency, the program staff will make every reasonable effort to contact the parents/guardians listed on this form first, followed by the two emergency contacts. If parents/guardians or emergency contacts can’t be reached, I give permission for emergency treatment to be given by medical personnel in the event of injury or illness while participating in the program.

Parent / Guardian Signature

Date

Parent / Guardian #2

Date

CHILD DROP-OFF & PICK-UP

I understand that my child must be picked up each day no later than 3:00pm. Failure to do so may result in my child not being permitted to participate in the Summer Youth Program. Children can be dropped off any time after 9am, but no later than 9:30am in order to receive a lunch.

Parent/Guardian Initial

BEHAVIOR STANDARD

Fighting, bullying, abusive or foul language or any other disrespectful behavior towards other children or staff will not be tolerated and will lead to suspension or expulsion. All Summer Youth Program rules must be followed. Parents will be called to pick up their child in the event of poor behavior.

Parent/Guardian Initial

RACIAL/ETHNIC DATA (OPTIONAL)

Ethnic Category (check one)

- Hispanic or Latino
- Not-Hispanic or Latino

This information is required by the United States Department of Agriculture as a condition of participation in the Summer Food Service Program.

Racial Category (check one)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

RELEASE OF LIABILITY

I (We), the undersigned parent(s) and/or guardian(s) of the minor child participant, hereby agree to indemnify and hold harmless the Clarksville Parks and Recreation Department , City of Clarksville, its appointed or elected officials, employees, agents, and sponsors or representatives from any and all actions, causes of action, or claims of any kind or nature which I or my representatives or assigns may have as a result of my or my child’s participation in any Clarksville Parks and Recreation Department sponsored activities or programs.

I (We) allow my child’s participation in the above activity or program with full knowledge of the physical risks involved to my child. I (We) understand that the Clarksville Parks and Recreation Department recommends and advises that I (we) consult a physician on behalf of my (our) child prior to the child’s participation if I (we) feel that my (our) child has any physical restrictions.

I (We) further understand that I or my (our) child may be photographed or videotaped during participation in this activity, and I (we) hereby release and consent to the reproduction of such photos or videos for advertising and publicity purposes of the Clarksville Parks and Recreation Department and/or the City of Clarksville, it successors and or assigns.

Parent / Guardian Signature

Date

Parent / Guardian #2

Date