

City of Astoria Parks and Recreation
Active and Fit Kids Afterschool Program
Registration Form

STUDENT INFORMATION

Student Name _____

Student's Address _____

Age _____ Birth Date ____/____/____ Gender M F Prefer Not To Answer

Grade (Fall 2021) _____ School: _____

Primary Language Spoken at Home _____ T-Shirt Size _____

FAMILY INFORMATION

Primary:

Parent/Guardian's Name _____

Mailing Address _____

Home Phone _____ Cell _____ Work _____

Email _____

Parent's Employer _____

Parent's Employer Address _____

Secondary:

Parent/Guardian's Name _____

Parent's Mailing Address _____

Home Phone _____ Cell _____ Work _____

Parent's Employer _____

Parent's Employer Address _____

Please outline below the party responsible for payment of tuition and fees. Please fill out if parents split tuition payment or if tuition payment is the responsibility of an adult other than the parent(s) listed above.

Parent/Guardian's Name _____

Home Phone _____ Cell _____ Work _____

Please return completed form with payment to the Astoria Aquatic Center

SIGN-OUT INFORMATION

Please list the names of individuals who may pick up your student(s) from the program in addition to parents/guardians (must provide photo ID at time of pickup):

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Is there a no-contact order in effect for your child? _____ Yes _____ No

Our program must have a copy of the order to enforce it.

MEDICAL INFORMATION

Student's Name _____

Student's Physician _____

Physician's Address _____

Physician's Phone _____

List Student's Past Medical Conditions _____

Does the student have any physical conditions of which we should be aware? Please Explain.

List all physician prescribed medications taken and why:

<i>Medication</i>	<i>Reason</i>
_____	_____
_____	_____
_____	_____
_____	_____

List all allergies _____

List any activity restrictions _____

List any food allergies or dietary restrictions (must be accompanied with doctor's note)

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What is the child’s current swimming ability level?

- Novice (uncomfortable putting face in the water)
- Beginner (comfortable in the water, but not able to float on front and back unsupported)
- Intermediate (Can float and move comfortably through the water but needs improvement in stroke development)
- Proficient (Can easily swim in the deep water and swim lengths of the lap pool)

Does the student have any special learning or IEP issues?

Does the student have any special attention, emotional, or behavioral issues to take into consideration?

Our Student to teacher ratio is 1 to 15. If your child has special accommodations at school, please explain:

Our staff MUST be able to reach someone in case of emergency.

Emergency Contact other than parents/guardians:

Contact 1st:


Name: _____ Phone: _____

Contact 2nd:


Name: _____ Phone: _____

Waiver

In consideration of the acceptance of my application for my child’s entry into a City of Astoria Parks and Recreation Program, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which hereafter accrue to me, against the City of Astoria as result of my child’s participation in the program. This release is intended to discharge the City of Astoria, their agents and employees, and any other involvement municipalities or public entities from and against any liability arising out of or connected in any way with my child’s participation in the program, even though that liability may arise out of negligence or carelessness on the part of persons or entities mentioned above. I further understand that accidents and injuries can arise out of the program; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless the City of Astoria and all of the persons or entities mentioned above whom might otherwise be liable to me for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.


 _____ Date _____
Signature of Parent/Legal Guardian

Additionally, by signing below, I hereby give consent for the Astoria Parks and Recreation Department to use pictures taken of my child during activities for publication purposes.

 _____ Date _____
Signature of Parent/Legal Guardian

Our program may occasionally offer field trips to various Astoria locations for the students. While these are generally planned out ahead of time, we will occasionally make short field trips within walking distance to nearby locations that will not be announced ahead of time. In the event that an impromptu field trip is planned, the students will be back to the aquatic center before 5pm, the location the students have been taken to will be posted at the center, and the administrative staff will be informed of the outing and be available to contact at the staff with the children.

By signing the line below, I authorize Aquatic Center Staff to take my child on local field trips.

 _____ Date _____
Signature of Parent/Legal Guardian


As the parent or legal guardian of the above named child, I hereby give my permission staff at **Astoria Parks and Recreation** to apply a sunscreen product of SPF 15 or higher to my child, as specified below, when he or she will be engaging in outdoor activities. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, bare shoulders, arms, and legs. Please refer to the handbook for additional information.

Please Mark Your Selection:

- The staff of **Astoria Parks and Recreation** may apply sunscreen of their choosing
- Only use the following type(s) SPF of sunscreen (parent will provide): _____
- For medical or other reasons, please don’t apply sunscreen to my child’s body

Please return completed form with payment to the Astoria Aquatic Center


Comments _____

 _____ Date _____

Signature of Parent/Legal Guardian

Please take note that as professionals working with children, their safety is our upmost priority, and although we welcome you and your family, if we observe children in a negligent or dangerous situation, have strong concerns, or a child discloses information, it is our responsibility to report to the appropriate authorities:

- Child Abuse and/or Neglect/Sexual Abuse
- Transporting your child under the influence of alcohol or other substances
- Insufficient/unsafe transportation
- Extreme/Violent Behavior
- Leaving a child unattended in a vehicle

 _____ Date _____

Signature of Parent/Legal Guardian

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