



Madison County Parks & Recreation
AFTER SCHOOL PROGRAM 2019 -2020
APPLICATION (Ages 6-12)
*(completion of kindergarten)

Full NAME of Child Last First M.I.

Child's BIRTHDATE: Age: Sex: Male Female

***** separator line *****

PARENT'S INFORMATION:

Mother's Name or Legal Guardian Address City/State/Zip E-mail Address Home Phone Cell Phone Where Employed Work Phone Work Hours
Father's Name or Grandparent's Name Address City/State/Zip E-mail Address Home Phone Cell Phone Where Employed Work Phone Work Hours

TRANSPORTATION/RELEASE PLAN:

To insure the safety of your child, please list other adults to whom your child may be released or who are authorized to provide transportation for your child. Please notice: If you send a person to pick up your child that is not listed below, your child will not be released to that person unless prior arrangements were made with the Program coordinator or Director. You or your authorized person to pick up your child may be asked to show a photo ID to ensure the right person is picking up the child.

EMERGENCY INFORMATION:

Name of person, other than camp coordinator and director, authorized to act for parent in an emergency.

Name Where Employed Work Phone Cell Phone Name of Physician Address
Address Work Hours Home Phone Office Phone

(OVER)

DOES THE CHILD HAVE HOBBIES, TALENTS OR SPECIAL INTERESTS?

Describe _____

DOES CHILD HAVE A DISABILITY OR ANY SPECIAL NEEDS?

Describe _____

Is your child presently taking any medication? If so, which medicine(s)

Will this medicine have to be administered during camp hours? If so, describe _____

Does your child have allergies? Please describe

Food he/she is allergic to

Give below any other information you think we should know about your child. _____

**Madison County Parks and Recreation
REGISTRATION FORM AND RELEASE
RE: Transportation, Off Site Youth Events, Photos and Images**

Participant's Name: _____ DOB: _____

Address: _____

Home Phone: _____ Day Phone #: _____

I, the undersigned, hereby voluntarily release for myself and the participant Madison County, its employees, agents and representatives from any and all claims, loss, damages, injury, cost (including court costs and attorney fees), charges, liability and/or legal and monetary exposure, however caused, resulting from, arising out of, or in any way connected with the above referenced activity.

I understand the participant must sign a permission slip(s) specifically provided by Madison County Parks and Recreation in order to participate in this activity.

I have read this Release and have had the opportunity to consult with others regarding it and I understand the Release and understand the informational materials supplied to the participant, and I hereby voluntarily sign this Release knowing that the activity may include high risk activity which exposes the participant to severe injury.

I understand this Release absolves Madison County, its employees, agents, and representatives from any and all liabilities which arise out of this program. I understand that the participant participates in this program and all of its activities at the participant's own risk.

As the participant or parent/legal guardian of the participant, I agree that I have read the above Release and that I voluntarily agree to all terms set forth herein and that I am the participant or the duly authorized agent for the participant.

Furthermore I hereby grant full permission to Madison County and Madison County Parks and Recreation Department to use any photographs, videotapes, motion pictures, website images, recordings taken during day camp for its marketing, press and advertising purposes.

Participant: _____

Parent/Legal Guardian: _____ Date: _____

All injuries received by after school participants, during program hours will be documented by counselors, coordinator and/or director.

I do authorize emergency medical care and/or FIRST AID.

Parent(s)/Legal Guardian Signature _____

Date _____

Madison County Parks and Recreation Department does *not* provide accident insurance for the participants.

Name of Insurance Company _____

I/We the parents of the named participant of the Afterschool program do give my/our permission for my/our child to take part in the wholesome activities provided by the Program.

I/We will assume all risks, and hazards incidental to participation in the activities of the Program.

I/We do hereby waive, release, absolved, identify and agree to hold harmless the **Madison County, Counselor, Coordinator and Director** for any claim arising out of injury to my/our child while participating in the Afterschool activities.

I/We undersign that all stated information is true to the best of my/our knowledge.

Parent(s)/Legal Guardian Signature _____

Date _____

AFTER SCHOOL HOURS/DAYS:

3:30 P. M.—6:00 P.M.

MONDAY—FRIDAY

Parent(s)/Legal Guardians will be **REQUIRED** to **PAY** a **LATE FEE** of \$1.00 for every minute that a child is left after 6:00 P.M.
Failure to comply will result in suspension of the child.

Dinner will be served at 4:30

NO child will be allowed to administer him/herself medication.

NO child will be allowed to have medication in his/her possession.

All medicine must be administered by Afterschool counselor OR DESIGNEE.

NO child is to attend the program he/she has open sore(s), Ringworms, any noticeable cut or abrasion, break-outs, or allergic reactions. It is imperative that the Afterschool director be notified if such should occur after the child is in the program.

Payment of \$15 nonrefundable registration fee due at the time of registration.

The weekly fee of \$25 is due by Friday of the prior week. Sibling discount is \$22 for 2nd and 3rd child.

Program will operate on the Jackson Madison County School System.

