



AFTER-SCHOOL PROGRAM

Neighborhood Centers

Registration Form

August 26, 2013 – June 6, 2014
Ages Six to Seventeen

How did you hear about the After-School Program?

- Returning Participant Activity Guide Website Email Facebook LTV Newsletter Newspaper Friend School Flyer

City of Lynchburg Resident? Yes No

Only Lynchburg residents are eligible to enroll in the After-School Program.

Participant's Name:

Date of Birth: ____ / ____ / _____

Female Male

School:

Grade:

Street Address (REQUIRED):

.....
Street Address

.....
City State Zip

Mailing Address (IF DIFFERENT THAN STREET ADDRESS):

.....
Street Address or PO Box

.....
City State Zip

1. PARENT/GUARDIAN NAME:

Home Phone:

Cell Phone:

May we text notifications to your cell phone number? Yes No

Place of Employment:

Telephone:

Email Address:

2. PARENT/GUARDIAN NAME:

Home Phone:

Cell Phone:

May we text notifications to your cell phone number? Yes No

Place of Employment:

Telephone:

Email Address:

After-School Program Sites

Activity No.

College Hill Center ▪ 811 Jackson Street

65200.300

Daniel's Hill Center ▪ 317 Norwood Street

67200.300

Diamond Hill Center ▪ 1005 Seventeenth Street

66200.300

Jefferson Park Center ▪ 405 York Street

62200.300

Yoder Center ▪ 109 Jackson Street

64200.300

Tell Us About Your Child

Favorite Sport

School Subject

Favorite Arts and Culture Activity

Favorite Park

Favorite Trail

Achievements

Challenges

Describe your child in three words.

MEDICAL INFORMATION

Physician's Name _____ Office Phone # _____

List all allergies, including drug and food allergies: _____

List any important medical notes: _____

I understand that Parks and Recreation staff will not serve as the custodian of and will not dispense or administer any medications, inhalers, epinephrine injectors, or similar medical devices as part of the After-School Program. It is my child's responsibility to maintain custody of and administer any medications or medical devices my child may need. ____ **(initial)**

In the event of a medical emergency, I authorize center staff to contact EMS at 911. If my child requires medical treatment I agree to be responsible for the cost of such treatment. ____ **(initial)**

EMERGENCY CONTACTS

Name _____ Relationship _____

Phone # _____
Home *Cell* *Work/Other*

Name _____ Relationship _____

Phone # _____
Home *Cell* *Work/Other*

DISMISSAL INSTRUCTIONS

I am aware that the After-School Program is a drop-in program and my child may choose not to stay at the site and may sign out of the program. I am also aware that staff is not responsible for children who leave the center during program hours. ____ **(initial)**

TRANSPORTATION PERMISSION

I grant permission for my child to utilize transportation provided by Parks & Recreation for field trips. ____ **(initial)**

MOVIE PERMISSION

Participants may watch movies which have been rated G or PG by the Motion Picture Association of America.

I do not give my child permission to watch G or PG rated films. ____ **(initial)**

I give my child permission to watch G or PG rated films. ____ **(initial)**

COMPUTER USE AGREEMENT

I have read and agree to the City of Lynchburg computer use policy. ____ **(initial)**

RULES OF BEHAVIOR AGREEMENT

I have read and agree to the City of Lynchburg Rules of Behavior and Progressive Disciplinary Chart. ____ **(initial)**

LIABILITY & PHOTO RELEASE

I hereby release and hold harmless the City of Lynchburg, its officers, its employees and its partners from all actions, causes of action, damages and claims, or demands which I, my heirs, executors, administrators, or assignees may have against the City of Lynchburg, and/or other described parties for all personal injuries known or unknown incurred by participation in this/these activity(ies). ____ **(initial)**

I grant permission to use the likeness of my child and name in any official communication materials. Materials may include, but are not limited to, department publications, videos, billboards, television, print and web use. ____ **(initial)**

Sign Here →

Parent / Guardian Sign

Date

Lynchburg Parks & Recreation Department Values

Optimistic Attitude ▪ Respect for Leadership, Others and Property ▪ Integrity ▪ Safety
Honesty ▪ Self Discipline and Self Control ▪ Positive Social Interaction