



CITY OF ORLANDO



ORLANDO AFTER SCHOOL ALL-STARS 2018-2019 REGISTRATION FORM (Morning and After-School Programs)

Semester	Dates	Donation	Date	Receipt	Amount
<input type="checkbox"/> 1	August 13, 2018 - December 20, 2018	\$20.00			
<input type="checkbox"/> 2	January 7, 2019 – May 29, 2019	\$20.00			
<p>Please help Orlando After-School All-Stars maintain a high quality program by donating \$20.00 per semester for special events and other enrichment activities.</p>					
Total					

Notice

Falsifying registration information, claiming City residency, or falsifying the grade the child will enter may result in the denial of the registration. The *City of Orlando / Orlando ASAS* reserves the right to refuse services at any time.

YOUTH INFORMATION

Student I.D.

Last Name _____ **First Name** _____

Date of Birth _____ **Age** _____ **Grade Entering** _____ **M** ___ **F** ___

Is this student ELIGIBLE for the free or reduced meal program?

Free Reduced Not Eligible

What is this student's Racial/Ethnic Group (check ALL that apply)?

- American Indian/Alaska Native Asian/Pacific Islander Other/Unknown
 Black or African American Hispanic or Latino
 White or Caucasian American Haitian

Primary Language:

- English Spanish Creole French Other

Street Address _____ **City** _____ **State** _____ **Zip** _____

Middle School / Program Site _____

Please indicate the program times your student will participate in:

- Morning (7:30 – 9:30 AM) Afternoon (4:00 – 6:00 PM) Both

YOUTH MEDICAL RELEASE / HISTORY

Health Statement: (to be completed by Parent/ Legal Guardian) Please note that the *City of Orlando / Orlando ASAS* does **not** administer medications. Are there any medical or psychiatric conditions that the City of Orlando ASAS staff should be made aware of in order to provide for the safety of your child? (i.e. allergies, asthma, epilepsy, diabetes, ADD, etc.) YES_____ NO_____

If yes, please explain below. Please include any information which would be helpful to us in serving your child's best interests.

Limitations: Does your child have the ability to fully participate in the Orlando ASAS program? If not, please describe any accommodations, if any, are needed in order for your child to participate:

Emergency Medical Treatment: I understand that every effort will be made to contact the parent(s) or legal guardian(s) of the participant, but authorize City of Orlando ASAS staff to arrange for emergency medical care if necessary.

Parent/Legal Guardian signature _____ Daytime phone _____

Family Physician/Clinic _____ Location _____ Phone # _____

Additional Information

Has the applicant child ever been expelled from a *City of Orlando / Orlando ASAS* program? YES_____ NO_____

- If yes, where and for what reasons:

Will the child be visited or observed by case management staff from outside agencies? YES_____

NO_____

- If yes, by whom:

TRANSPORTATION

PLEASE SELECT AN OPTION:

Walker/Biker City Bus Parent Pick-up (**Must show ID**)

Excused time other than 5:30pm? If so, when: _____ *****Parent Initials:** _____

*****NOTE: Please provide proper documentation explaining why your student would have to leave before 5:30pm*****

PARENT / LEGAL GUARDIAN INFORMATION

Last Name _____ First Name _____
Street Address _____
City _____ State _____ Zip _____
Main Phone _____ Alternate Phone _____ Relation _____
E-Mail Address _____

Does this student come from a single parent family?

No Yes (Female Headed) Yes (Male Headed)

EMERGENCY CONTACT

Last Name _____ First Name _____
Street Address _____
City _____ State _____ Zip _____
Main Phone _____ Alternate Phone _____ Relation _____

AUTHORIZED PICK UP LIST

Last Name _____ First Name _____ Relation _____
Main Phone _____ Alternate Phone _____

Last Name _____ First Name _____ Relation _____
Main Phone _____ Alternate Phone _____

Last Name _____ First Name _____ Relation _____
Main Phone _____ Alternate Phone _____

Last Name _____ First Name _____ Relation _____
Main Phone _____ Alternate Phone _____

Last Name _____ First Name _____ Relation _____
Main Phone _____ Alternate Phone _____

Last Name _____ First Name _____ Relation _____
Main Phone _____ Alternate Phone _____

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

HOLD HARMLESS AGREEMENT

READ CAREFULLY BEFORE SIGNING

In consideration of the acceptance of my child or ward to participate in the activities sponsored by the *City Of Orlando, Families, Parks & Recreation Department*, I agree on behalf of myself and my child or ward, to assume the risks incidental to such participation (which risks include, but not limited to: physical injury, emotional injury or death) and, on my own behalf, and on behalf of my child or ward, and on behalf of any other parents or guardians of my child, and my child's or ward's heirs, executors and administrators, **I agree to release and forever discharge the released parties defined below, of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with the participation of my child or ward in such activities, and further agree to indemnify and hold each of the released parties harmless against any and all such liabilities, claims, actions, damages, costs or expenses, including, but not limited to, attorney's fees and attorney's fees on appeal. The released parties are the City Of Orlando, Orlando After-School All-Stars, Inc ("Orlando ASAS"), Orange County Public Schools, and their elected officials, board members, employees, volunteers, agents, representatives, successors and assigns of the released parties. I understand that this release and indemnity agreement includes any claims based on the negligence, action or inaction of any of the above released parties and covers bodily injury (including death) and property loss or damage, whether suffered by me or my child or ward, before, during or after such participation.** I declare that my child is physically fit and has the skill level required to participate in these activities. I further authorize medical treatment and related transportation for said child or ward, at my cost, if the need arises. Furthermore, I hereby grant full permission to the City to transport my child/ward for requested field trips.

NOTE: If there are questions regarding a child's ability to participate in our program, Orlando ASAS may require an individualized assessment to be completed by the City of Orlando Families, Parks and Recreation Department or its designee.

The *City of Orlando / Orlando ASAS* occasionally shows movies during program hours. Those children not permitted to watch movies will participate in separate activities. All movies will be chosen with careful consideration.

I give my permission for my child to watch PG or PG-13 rated movies.

I do *not* give my permission for my child to watch PG or PG-13 rated movies.

I further grant the released parties the right to photograph and/or videotape me and my child or ward and further to use said name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising and promotional materials by the *City of Orlando / Orlando ASAS* without reservation or limitation.

After-School All-Stars collects data of your child's school records through an agreement with Orange County Public School to evaluate if a child participating in After-School All-Stars helps students do better as well as monitoring for process improvement. This is completed while keeping your information confidential and protected.

This Agreement shall be governed by the laws of the State of Florida, and any legal action relating to or arising out of this Agreement shall be commenced exclusively in the Circuit Court of the Ninth Judicial Circuit in and for Orange County, Florida (or if such Circuit Court shall not have jurisdiction over the subject matter thereof, then to such other court sitting in said county and having subject matter jurisdiction). I certify that I am 18 years of age or older and that I am entering into this Agreement as the Parent or Legal Guardian for a minor that is under 18 years of age and that I also have the authority to do so on behalf of the child or ward's other parents or legal guardians.

Date

Child's Printed Name

Parent/Legal Guardian's Printed Name

Parent/Legal Guardian's Signature

Phone Number

Alternate Phone Number

PARTICIPANT GUIDELINES

Our programs are recreational and staffed in accordance with state licensing requirements. We strive to make our programs a wonderful experience. We have a caring and competent staff that will always treat your child with dignity and respect. However, we are not able to provide one-on-one supervision for your child. To ensure the safety of all of the children and staff, we have the following expectations.

We understand that certain changes in routine, medications and home environment can occasionally cause behavioral problems. Children may not bite, hit or otherwise injure another participant or staff member. If this occurs, the following policy will apply. After the first incident, the parent or guardian will be contacted and asked to pick the child up immediately. If a second incident occurs, the child will be suspended from programs for 2 days. The third occurrence is cause for expulsion from our recreational programs.

Progressive consequences will be applied to other disciplinary infractions, including verbal abusiveness. In the event that your child has a behavioral problem, an incident report will be sent home with your child. For youth that ride or walk to the camp, parents will be notified by phone. The City has the right to **suspend or dismiss** your child from the program if the child continues to display unacceptable behavior. Parents are encouraged to discuss the behavior as soon as possible with the staff. In addition, summer camps frequently provide field trips. All participants must stay with their group. If a camper refuses to comply and leaves the group more than once, he/she may not be eligible to attend future field trips. In addition, participants should be able to use restroom facilities with minimal assistance and be able to eat meals and snacks unassisted.

The City of Orlando's goal is to be as inclusive as possible in providing recreational opportunities for all youth. If there are questions regarding a child's ability to participate in our program, the City of Orlando may require an individualized assessment.

Picking your child up on time is an important part of summer camp programs. Following is our late pick-up policy; the first late pick-up will result in recreation staff verbally explaining the policy to you and the person authorized to pick up your child, and documenting the occurrence. The second late pick-up will result in documentation of the occurrence and a warning that a third late pick-up will result in the removal of the child from the program. The next late pick-up will result in the child's removal from the program.

Parent Signature _____ Date _____