



KIDS CLUB

- Registration Form -

Child's Name _____ Grade _____ Age _____ Date of Birth _____

Parent/Guardian Name _____

Mailing Address _____

Email Address _____

Daytime Phone _____

Evening Phone _____

Cell Phone _____

Employer _____

Address _____

Phone _____

Emergency Contact (s)

Name

Relationship

Phone Number

1. _____

2. _____

3. _____

4. _____

Approximate pick up time: _____

Other adult(s) other than parent/guardian that may pick up child

Name

Relationship

Phone Number

1. _____

2. _____

3. _____

4. _____

Parent/Guardian Signature _____

Date _____

Kids Club

Please review with your child and sign

As a Club participant, I _____ agree to the following rules.
(*Child's name*)

- ☺ I will be respectful of other people
- ☺ I will try not to hurt other people's feelings
- ☺ I will not hurt other people on purpose
- ☺ I will put away the things I take out to use
- ☺ I will be patient and wait my turn
- ☺ I will not use bad language
- ☺ I will not damage Recreation property or equipment

If I do not follow these rules I agree to the following consequences

- 1st time: Verbal warning
- 2nd time: Temporary removal from activity (time out)
- 3rd time: Disciplinary Action Form/Talk with parent

Three Disciplinary Action Forms: Suspension from Kids Club program for up to one (1) week at the discretion of the Recreation Department.

Additional Disciplinary Action Forms: Suspension or expulsion from Club at the discretion of the Recreation Department.

Participant's Signature _____

No refunds will be given if a child is suspended or dismissed from the program.

Any actions that endanger other children or staff or compromise the quality of the program including, but not limited to: fighting, stealing, destruction of property, running away, inappropriate touching or language, may result in an immediate call to the parent(s) or guardian and possible suspension and/or expulsion from the program.

Parent/Guardian Signature _____ Date _____

DOUGLAS COUNTY PARKS & RECREATION DEPARTMENT

Participant Additional Information Form

Child's Name: _____ Birthdate: _____

1. Does your child have any condition that might require adaptations for activities?
Yes _____ No _____ Please explain: _____

2. Is your child subject to any conditions, which might limit recreational activities?
Yes _____ No _____ Please explain: _____

3. Does your child require ambulatory assistance?
Yes _____ No _____ Please explain: _____

4. Does your child have any eating problems or allergies we should be aware of?
Yes _____ No _____ Please explain: _____

5. Does your child take medication? If yes, please complete the Medication Authorization form.
Please explain: _____

Please give us any further information which you believe will be helpful to staff understanding and caring for your child: _____



DIRECTOR: *Scott Morgan*

▲ Parks
1325 Waterloo Lane
Gardnerville, NV 89410
(775) 782-9835
FAX: (775) 782-5799

▲ Recreation
1327 Waterloo Lane
Gardnerville, NV 89410
(775) 782-9828
FAX: (775) 782-9844

▲ Lake Tahoe
Kahle Community C.
236 Kingsbury Gra
Stateline, NV 8944
(775) 586-7271
FAX: (775) 586-7273

MAIL: P.O. Box 218, Minden, NV 89

RELEASE FORM AND CONSENT TO TREAT

ACTIVITY _____

NAME OF PARENT _____

CHILD'S NAME _____ Date of Birth _____

CHILD'S NAME _____ Date of Birth _____

Physical Address _____

	Number Street	City/State	Zip
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Mailing Address _____

	Number Street	City/State	Zip
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HOME PHONE _____ WORK PHONE _____

AGREEMENT, WAIVER AND RELEASE

In consideration for being permitted by Douglas County to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death or property damage which I may have, or which may hereafter accrue to me, as a result of participation in the activity. This release is intended to discharge in advance the County (its officers, employees, and agents) from any and all liability arising out of or connected in any way with my participation in the activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in the activity.

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PARENTAL CONSENT

I hereby consent that my son/daughter(s) _____, _____, _____, and _____, participate in the above activity, and I execute the above Agreement, Waiver and Release on his/her behalf. I state that the minor is physically able to participate in the activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of the death or injury or property damage that the minor may sustain while participating in the activity.

I HAVE CAREFULLY READ THE AGREEMENT, WAIVER AND RELEASE SET FORTH ON THIS PAGE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE COUNTY AND I SIGN IT OF MY OWN FREE WILL.

Signature Date

In case of emergency and no one can be reached at the above address and telephone, please notify:

Name _____ Phone _____

CONSENT TO TREATMENT OF MINOR

"In the event of sudden illness, accident, or injury which may occur while the minor is engaged in an activity supervised by Douglas County Parks & Recreation and their representatives, agents or assignees, when neither the parents, guardian or designated family physician can be contacted, I hereby give the consent for emergency treatment as shall be necessary under the circumstances by any physician licensed under the Laws of the State of Nevada."

I UNDERSTAND THAT THE DOUGLAS COUNTY PARKS & RECREATION DEPARTMENT DOES NOT PROVIDE MEDICAL INSURANCE ON THIS ACTIVITY AND WILL ADHERE TO ALL OF ITS RULES AND POLICIES.

Signature Date

FAMILY PHYSICIAN _____ **Phone** _____

Medical Insurance Carrier

PERMISSION TO RELEASE INFORMATION

Date: _____

I understand that during the time my child, _____ is in the care of the Douglas County Parks & Recreation Department's Kids Club program, that the director or coordinator may be asked for information regarding my child.

I hereby give permission to release information to official person(s) only, which identifies themselves, such as schools, health care personnel, welfare or other governmental officials.

Signature of Parent or Guardian

I do not give permission to release information about my child as set forth in the aforementioned statement. I realize that the Bureau of Services for Child Care has access to my child's record as the licensing agent.

Signature of Parent or Guardian



FIELD TRIP PERMIT

I understand that during the year my child _____ may take part in field trips and educational excursions, either by county van, bus or on foot. I further understand that my child will be chaperoned by a responsible adult at all times while away from the facility.

Should an accident or illness occur while my child is away from the facility on the aforementioned trip or excursion, I shall hold harmless any member of Douglas County Parks and Recreation Department and its employees, or any participating adult volunteer.

Signature of Parent or Guardian

I do not wish my child to participate in the aforementioned field trip or educational excursion and will therefore make arrangements for my child on that day(s).

Signature of Parent or Guardian



DIRECTOR Scott Morgan

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Douglas County Parks and Recreation Department

Photo Advertising Release Form

I, the undersigned, do hereby release the Douglas County Parks and Recreation Department from all liability of any nature on the use of my name, or property or any photo for news and/or promotion purpose(s) in which I or those I am releasing are subjects. This release shall be binding on my heirs, administrators and assigns.

Signature

Date

Kid's Club (K - 6th grade)

MONTHLY PAYMENT SCHEDULE FOR THE 2016-17 SCHOOL YEAR

Payment due last school Friday of the month

LOCATION: ZCES

TIME: 3:00 to 6:00 pm

<u>MONTH</u>	<u>DAYS</u>	<u>AMOUNT</u>	<u>DUE</u>	<u>HOLIDAY</u>
August	3	18	26-Aug	
September	21	126	26-Aug	Labor Day - 5
October	16	96	30-Sep	Nevada Day - 28 Fall Break - 24-27
November	18	108	21-Oct	Veterans Day - 11 Thanksgiving - 24, 25
December	15	90	18-Nov	Christmas Break - 26-30
January	15	90	23-Dec	New Years Break - 1-6 M.L. King Day - 16
February	15	90	27-Jan	Presidents Day - 20 Winter Break - 21-24
March	23	138	17-Feb	
April	15	90	31-Mar	Spring Break - 17-21
May	22	132	28-Apr	Memorial Day - 29
June	16	96	26-May	

NO SCHOOL DAYS / HOLIDAYS

*** Holiday**

Monday Sept. 5

Break Mon. Oct. 24-Fri. Oct.28

Fri. Nov. 11

Th, Fri Nov 24/25

Break Mon. Dec. 26-Fri. Dec. 30

Break Mon. Jan. 2-Fri Jan 6

Mon. Jan. 16

Break Mon. Feb. 20-Fri. Feb. 24

Break Mon. Apr.17-Fri. Apr.21

Mon. May 29

Note: Subject to change due to make up days