



___ GW Before	___ NK Before
___ GW After	___ NK After
___ GW Before & After	
___ NK Before & After	

New Kent County Parks and Recreation
PARTICIPANT INFORMATION SHEET
Before & After School Program 2021-2022

Forms must be filled out completely. No line may be left blank

Child's Name: _____ Nickname: _____ Gender: M F

Date of Birth: _____ Age: _____ 2021-22 Grade Level: _____ Teachers Name: _____

Mother's Name: _____ Employed at: _____ Work Phone: _____

Address: _____ Home Phone: _____ Cell Phone: _____

Father's Name: _____ Employed at: _____ Work Phone: _____

Address (if different): _____ Home Phone: _____ Cell Phone: _____

Email Address: _____

Name of person(s) or agency having legal custody of child _____

Address (if different) _____ Home Phone _____

Business Address (if different) _____ Work Phone _____

List two contacts if parent(s) cannot be reached: (must include house #, street name, city, state, and zip code)

1. Name: _____ Phone: _____

Address _____

2. Name: _____ Phone: _____

Address _____

Person(s) authorized to pick up child (other than parents) _____

Person(s) NOT authorized to pick up child _____

Special Needs: _____

Medical Conditions/Allergies: _____

List any medications that your child will be taking during the program* _____

*Add '1 Medication Form Needed if Administering at Before/After School

Child's Physician: _____ Phone: _____

Preferred Hospital if Medical Attention Needed: _____

Hobbies/Interests: _____

Helpful Hints for staff: _____

Child's Name _____

Agreement I: In case of emergency, the New Kent County Parks and Recreation has my (parent or guardian) permission to call my family physician or another physician when family physician or I cannot be reached. The staff is authorized to administer first aid to my child. In addition, the staff is authorized to administer emergency care or take my child to the emergency room of the nearest hospital and its medical staff has my permission to provide treatment that a physician deems necessary for the wellbeing of my child. (Additionally, I will provide written permission for any medication that must be distributed to my child by the Program Staff. I (parent or guardian) understand medication will only be administered from an official pharmacy container with the child's name, dosage and doctor listed on the container. If my child is on any medication, I will provide New Kent County Parks and Recreation with a letter from the child's physician.)

INITIAL _____

Agreement II: I (parent or guardian) certify: (1) that I agree to assume all risks in connection with my child's participation in the New Kent County Parks and Recreation Program and do hereby release New Kent County, their employees, representatives, and volunteers from all liability and (2) that I (parent or guardian) bear the responsibility for carrying the appropriate medical and hospitalization insurance on the above-named child.

INITIAL _____

Agreement III: New Kent County Parks and Recreation staff will notify me (parent or guardian) should my child become ill or uncontrollable and I will be responsible for picking up my child immediately upon notification.

INITIAL _____

Agreement IV: I (parent or guardian) give permission for my child to attend any field trips while in the New Kent County Parks and Recreation Program. I (parent or guardian) give permission for my child to be transported by New Kent County Recreation staff who are duly licensed drivers / or NKCPs Transportation.

INITIAL _____ **N/A**

Agreement V: I (parent or guardian) agree to allow photographic images of myself and or my children to be taken in the Parks and Recreation Program to be used for promotional purposes by the New Kent County Parks and Recreation.

INITIAL _____

Agreement VI: I (parent or guardian) will read the Parent Handbook and agree to adhere to the New Kent County Parks and Recreation Program rules and procedures to ensure the health and safety of my child and other children participating in the program.

INITIAL _____

Parent or Guardian Signature: _____ **Date:** _____

Office use Received by: _____ **Date:** _____



Parks and Recreation Late Parent Pick Up Policy

Late Pickup Policy

If a child is picked up after 5:30 pm, the parent will be asked to sign and date a "Late Pick Up" Form. A late fee of \$5.00 is charged for the first five minutes and \$1.00 for each additional minute after 5:35 pm. This payment must be made with your next payment. Money will not be accepted on site.

Please read the below late pick up penalty and sign stating that you have read and understood the policy in place.

Late pick up penalty:

1st time: Late pick up form signed – it's a freebie

2nd time: Late pick up form signed; Verbal warning from site supervisor – fee charged

3rd time: Late pick up form signed; conference with site supervisor – fee charged

4th time: Late pick up form signed; one-week suspension from the program; conference with site supervisor and Program Coordinator – fee charged

5th time: Late pick up form signed; termination from the program – fee charged; termination reviewed by Parks and Recreation Administration

Participant's Name: _____

Parent Name: _____

Parent Signature: _____

Date: _____



New Kent Parks and Recreation Programs

P.O. Box 150, New Kent, VA 23124, (804) 966-8502

PARTICIPANT RELEASE AND WAIVER REGARDING COVID-19
School Year 2021-22

The County of New Kent Board of Supervisors, including Parks and Recreation, shall not be held responsible for any injury or loss of property suffered by any individual while participating in Parks and Recreation activities, camps, and/or programs. The participant/or guardian acknowledges the ongoing COVID-19 virus pandemic and acknowledges the potential adverse health effects of contracting the COVID-19 virus. The participant/or guardian agrees, acknowledges, and understands that although the County has sanitized and cleaned the facilities prior to scheduled activity, the County makes no representations or warranties concerning the effectiveness of their cleaning with regard to the COVID-19 virus.

It is the responsibility of the participant/or guardian to be aware of the guidelines set forth by the state and federal laws applying to the COVID-19. The participant/or guardian acknowledges that it is their responsibility to comply with state/federal law guidelines and that the County shall not be responsible for anyone contracting COVID-19.

UNDER NO CIRCUMSTANCES SHALL THE COUNTY, ITS BOARD MEMBERS, DIRECTORS, EMPLOYEES OR VOLUNTEERS BE LIABLE TO THE PARTICIPANT/OR GUARDIAN, OR ANY VISITORS, INVITEES, OR OTHER INDIVIDUALS FOR ANY INJURIES OR DAMAGES INCLUDING BUT NOT LIMITED TO DIRECT, INDIRECT, CONSEQUENTIAL, SPECIAL, INCIDENTAL, PUNITIVE, EXEMPLARY OR ANY OTHER DAMAGES OF ANY KIND RELATING TO THE COVID-19 VIRUS.

THE PARTICIPANT/OR GUARDIAN HEREBY AGREES TO INDEMNIFY THE COUNTY OF NEW KENT AND ITS BOARD MEMBERS, DIRECTORS, EMPLOYEES AND VOLUNTEERS AND SAVE THEM HARMLESS FROM ANY LOSS, DAMAGE, OR EXPENSE OF ANY KIND ARISING FROM OR ALLEGEDLY ARISING FROM ANY CLAIM, DEMAND OR LAWSUIT, OR OTHER LEGAL PROCEEDING, FROM ANY PARTICIPANT USE OF THE FACILITY AND THE COVID-19 VIRUS.

Participant's Name: _____

Parent/Guardian Print: _____

Parent/Guardian Signature: _____

Date: _____

Office Use Only:

Staff Initials: _____ Date: _____ Program: _____



New Kent Parks & Recreation Behavior Management Program

A child's participation in the program depends upon his or her behavior. To ensure each child is able to enjoy the planned activities and to benefit from their experiences in our programs, we require that parents/guardians:

- Ensure that both you and your child are aware of and understand the behavior expected
- Be aware that you may be contacted by phone, in writing, or through parent/staff conferences if your child continues to need behavior management
- Understand that discipline techniques and consequences may be progressive
- NK Parks and Recreation reserves the right to call parents/guardians to come and pick up their child if the child is having difficulty functioning cooperatively with others, is unable to participate in group exercises, or is a threat to the safety of themselves or others.

Behavior Consequences

VIOLATION	1 st Offense	2 nd Offense	3 rd Offense
Disruptive Behavior -horseplay, profanity, refusal to follow policies and adult authority, attempted abuse of equipment, other behaviors identified by staff	*Verbal Warning *Parent notification *Behavior modification	*parent meeting *up to 3 days suspension	Mandatory Expulsion
Verbal Threat	*Parent notification *Behavior modification	*1-week suspension *Parent meeting	Mandatory Expulsion
Harassment, Hate Crimes	*Parent notification *Behavior modification	*1-week suspension *Parent meeting	Mandatory Expulsion
Vandalism of Property	*Parent notification *Behavior modification	*1-week suspension *parent meeting	Mandatory Expulsion
Fighting -physical altercation, throwing a punch, throwing someone to the floor	*3 days suspension *Parent Notification *Behavior modification	*1-week suspension *Parent meeting	Mandatory Expulsion

Behavior management consequences may be reviewed on a case by case basis as determined by staff.

Forms of Behavior Management Used

- Redirection
- Timeout
- Alternative Behavior Management Techniques discussed and approved by supervisor /parent
 - Use of sticker / clip reward system
 - Other, as discussed with Parent / Guardian

I have reviewed the behavior management program with my child(ren),

Child(ren) Names:

Print Parent Name

Sign Parent Name

Date

I understand if I have any questions, I will contact staff.