

Kids Day Out, Before School and After School Program

Registration Form

Child's Name _____ M _____ F _____
 Mailing Address _____ Birthday _____
 City, St, Zip _____ Grade _____
 Email Address _____ School _____
 Mother/ Guardian _____ Day Phone _____ Cell Phone _____
 Father/ Guardian _____ Day Phone _____ Cell Phone _____

Authorization for Emergency Medical Care

In order to meet all legal requirements, I hereby authorize the Baldwin City Recreation Staff who are representatives of the above named program(s) to give consent for any and all necessary emergency medical care for my child _____ while said child is in said program(s)' custody between the dates of **08-01-2009** and **05-31-2010**.

Signature of Parent or Guardian _____ Date _____

Notary of the State of Kansas, County of Douglas

Signed or attested before me on _____ by _____
 (Seal, if any) MM/ DD/ YYYY Name of Parent/ Guardian
 Signature of notarial officer _____
 Title (and Rank) _____
 My appointment expires _____

Medical Record

Family Physician _____ Day Phone _____
 Hospital Preference (for emergencies) _____
 Do you have health insurance? _____ Policy Name and Number _____
 Do you receive medical assistance? _____ Program and Card Number _____
 Is child eligible for military medical care? _____ I.D. Number _____
 Will your child need any special accommodations or are there medical issues to be addressed? _____
 Does your child have any of the following conditions?
 _____ Allergies _____ Frequent sore throats/ colds _____ Ear Aches _____ Food Allergies _____ Skin Problems
 If yes answered to any of the above, please provide additional information _____

My child has permission to be picked-up after 3:30 pm or in the case of an emergency by:

1. _____ Day Phone _____ Cell Phone _____
2. _____ Day Phone _____ Cell Phone _____
3. _____ Day Phone _____ Cell Phone _____

Authorization for Self Sign out for a Participating Child

By my initials following this paragraph, my child has permission to sign him/ herself out after 3:30 pm for KDO or 5:30 pm for late-stay KDO and Power Hour participants. I understand that my child will be out of the care of the BCRC staff and walking home unsupervised. I understand that my child will be released from the BES-primary center site(s). _____

Waiver and Authorization for Participation in Off-Premise Activities

I understand that by registering my child for specific Kids Day Out dates, I am giving permission for my child to participate in the advertised school bus trip out of town. I understand that my child will be under the direct supervision of the BCRC staff while participating in off-premise activities. I understand that I can call the Baldwin Recreation office at 594-3670 to locate the whereabouts of my child.

In consideration of my (and/or my child's) participation in this activity, I hereby release and discharge the Baldwin City Recreation Commission, USD #348, the City of Baldwin City, and Baker University and its representatives, successors, and assigns, from any and all liability arising from accident, injury, and illness that I (he/she) may suffer as a result of my (our) participation in this activity.

I (we) also will follow all rules and regulations set by the Recreation Commission and above named parties.

Parent or guardian must sign for anyone age 18 and under.

Signature of Parent or Guardian _____ Date _____