2016 – 2017 People In Action Membership Application

Child's Name_____ **Gender**_____ **Age**_____

School_____**Grade**_____**Birthday**_____

Primary Language at Home_____ **Permission to Walk Home**☐YES ☐NO

Address_____
Street Apt # City Zip Code

Parent/Guardian_____**Home Phone**_____

Cell Phone_____**Work Phone**_____

E-mail Address_____

Parent/Guardian_____**Home Phone**_____

Cell Phone_____**Work Phone**_____

E-mail Address_____

Emergency Contact_____**Home Phone**_____

Cell Phone_____**Work Phone**_____

Authorized Pick-Ups: Allowed to pick-up children (NOT parent/guardian)

NOTE: Staff will not permit others to pick your child up from camp without expressed permission from you.

Name_____Phone_____Relationship_____

Name_____Phone_____Relationship_____

Name_____Phone_____Relationship_____

Non-Authorized Pick-Ups: NOT allowed to pick-up children.

Name_____Name_____

Name_____Name_____

Does your child have:	Yes	No	Explain
Diagnosed Disability			
Physical Limitation			
Behavioral Problem			
Food Allergy			
Environmental Allergy			
EpiPen or Inhaler			
Language Concern/Delay			

Parent/Member Contract

By signing below you are affirming that:

1. Myself and my child have read and understand the People In Action Code of Conduct, program policies and program overview.
2. I understand that failure to follow the People In Action Code of Conduct and program policies can result in suspension or expulsion from the program
3. I understand tuition payments are due in a timely manner and late payments can result in suspension or expulsion from the program.
4. I understand there will be a late fee of $10 if I arrive after the grace period to pick up my child.
5. I understand that my children must be completely potty trained and able to care for their personal hygiene needs. (Does not apply for children with a personal assistant)
6. I understand that if my child needs emergency medical services, 911 will be called and my child may be transported by ambulance to the nearest medical facility.
7. I understand that People In Action requires my most up to date contact information and I will promptly notify the office of any changes.
8. I understand that only the persons listed above will be allowed to pick up my child and I must submit any changes in writing.
9. I understand that I must provide People In Action with any necessary legal documents regarding custody arrangements such as court orders and/or divorce decrees.

People In Action can take my child's picture for program/publicity reasons. ☐ YES ☐ NO

I hereby consent to the above stated policies. I give my child(ren), named on the previous page, my permission to participate in the *People in Action* program(s). This form gives the Town of DeWitt Recreation Department and their designee's permission to monitor my child's academic standing, to access report cards and records, and to speak directly with school personnel and/or administration about my child. I also understand that the *PIA* staff is not responsible for my child after they sign out for the day.

In consideration of your accepting this registration I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all claims for damages I may have against the Town of DeWitt, the Town of DeWitt Parks and Recreation Department, the Town of DeWitt Parks and Recreation Commission, People In Action, and any and all sponsors, representatives, successors and assigns, for any and all injuries suffered by me/my child in said program. No medical insurance is carried by the Town for program participants. Registrants are encouraged to have their own medical coverage.

_____ _____

Parent/Guardian Signature Date

_____ _____

Staff Signature Date