



**WICOMICO COUNTY DEPARTMENT OF RECREATION & PARKS**  
**KIDS KLUB AFTER SCHOOL**  
**Participant Registration Form**



**Program Site:** \_\_\_\_\_

Participant's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Birth Date \_\_\_\_\_ Grade \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Would like to receive email updates on future activities from Wicomico County Recreation and Parks. Yes or No

Father/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Would like to receive email updates on future activities from Wicomico County Recreation and Parks. Yes or No

Marital Status of Parents \_\_\_ Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced

If Separated/Divorced, which parent has custody? \_\_\_\_\_

Is there a problem with either parent visiting, talking with or picking up participant?

\_\_\_ No \_\_\_ Yes If yes, explain \_\_\_\_\_

**ELIGIBILITY FOR AFTER SCHOOL PROGRAM**

**The Wicomico County Recreation and Parks is required to make reasonable accommodations for all participants in this program. The next few questions are asked to make sure your child has found an after school program that matches his or her needs and provides a safe and suitable environment. We do not provide additional staff or resources for individual needs.**

Can your child participate in all activities? \_\_\_ No \_\_\_ Yes

Does your child need any special accommodations? \_\_\_ No \_\_\_ Yes

If yes, please explain \_\_\_\_\_

Please check any of the following that apply:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Hearing Aid                          | <input type="checkbox"/> Uses Sign Language                          | <input type="checkbox"/> Needs Assistance w/Walking  |
| <input type="checkbox"/> Wears Braces                         | <input type="checkbox"/> Use Crutches/Walker                         | <input type="checkbox"/> Needs Assistance w/toiletry |
| <input type="checkbox"/> Wears Diapers                        | <input type="checkbox"/> Has Speech Impediment                       | <input type="checkbox"/> Needs Help Dressing         |
| <input type="checkbox"/> Speaks little English                | <input type="checkbox"/> Menstruates                                 | <input type="checkbox"/> Needs Help with Feeding     |
| <input type="checkbox"/> Uses Wheelchair (manual or electric) | <input type="checkbox"/> Requires Additional Adult Support in School |  |



# KIDS KLUB AFTER SCHOOL WAVIERS & CONSENT FORMS

## EMERGENCY CARE CONSENT FORM

In case of illness or accident while my child is under the care and supervision of the After School Program, I the undersigned, hereby consent to the Wicomico County Department of Recreation and Parks authorized staff to provide emergency first aid and/or administer emergency care and/or treatment through a clinic, a doctor and/or hospital should they feel it is advisable or necessary. I also agree to pay all of the cost and fees contingent upon an emergency medical care and/or treatment for my child as secured or authorized under this consent. This agreement shall continue as long as the participant is registered in the After School Program.

Name of Parent/Guardian \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## PERMISSION FOR TRIPS, EXCURSIONS AND USE OF PUBLIC PARKS AND FACILITIES

I hereby given consent to the W/C Department of Recreation & Parks Summer Day Camp to take my child on walking or transported field trips to places of interest, including public parks, with such understanding that such trips are under the supervision of authorized After School Program personnel and that all possible precautions are taken to ensure the health and safety of my child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## HOW DID YOU HEAR ABOUT KIDS KLUB AFTER SCHOOL

(Check all that apply)

<input type="checkbox"/> Banner at school site	<input type="checkbox"/> YouTube/ Facebook	<input type="checkbox"/> Flyer in Mail
<input type="checkbox"/> School PTA	<input type="checkbox"/> School Office	<input type="checkbox"/> Brochure at School
<input type="checkbox"/> Blog (Rec Round Up)	<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Previously Attended
<input type="checkbox"/> Kids Klub Summer Escape	<input type="checkbox"/> Kids Klub Website	<input type="checkbox"/> Other _____

## WAVIER

I further agree that the medical information given above is correct. The undersigned do hereby expressly stipulate and agree to indemnify and hold forever harmless Wicomico County and the Wicomico County Department of Recreation, Parks and Tourism, its agents, officers and employees, against loss from any and all claims, demands, or actions in law or equity that may hereafter at any time be made or brought by the participant listed above, or by anyone on behalf of said participant for the purpose of enforcing a claim for damages on account of any injuries received or sustained by the participant arising out of his participation in the program. In signing this Release and Hold Harmless Agreement, each of the undersigned hereby acknowledges and represents that they are aware of the risks and hazards inherent in participating in the program, that no insurance covering accident or injury has been provided for participants, that arrangements for any such insurance would have to be made individually by the undersigned, and that at no time will my participation in a program be contingent on divulging **any** confidential medical information.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date