

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



Program Site:				
Participant's Name			Phone	
Address	С	ity/State		Zip Code_
Participant's Name Address Birth Date	Gr	ade	Male	Female
Mother/Guardian Name Address Home Phone		ity/State		Zin Codo
Home Phone	U	ity/State	Call Phone	Zip Code
Fmail				
Email Employer				Phone
Would like to receive email updates				
vvodid like to receive email updates	on future activities from which	filed County Rec	realion and Faiks. Te	S OF INC
Father/Guardian Name				
Address Home Phone	C	ity/State		Zip Code
Home Phone	Work Phone		Cell Phone	
Email				
Employer			H	Phone
Would like to receive email updates	on future activities from Wicor	mico County Red	reation and Parks. Yes	s or No
Marital Status of Parents If Separated/Divorced, whi Is there a problem with eit	ich parent has custod her parent visiting, tal	y? king with or	picking up partici	pant?
No Yes If yes, ex	.pıaın			
	ELIGIBILITY FOR AF	TER SCHO	OL PROGRAM	
The Wicomico County R for all participants in this has found an after sch suitable environment. Can your child participate	s program. The next lool program that ma We do not provide a	t few questi atches his c	ons are asked to or her needs and taff or resources	o make sure your child provides a safe and
Does your child need any	special accommodation	ons?No	Yes	
If yes, please explain				
Please check any of the fo Hearing Aid Wears Braces Wears Diapers Speaks little English Uses Wheelchair (mar	Uses Sign LanguUse Crutches/WaHas Speech ImperentationMenstruates	alker ediment	Needs AssisNeeds HelpNeeds Help	Dressing

Is your child on medication? No Yes						
, what type? Who administers?						
*Our staff cannot administer medication. We are only permitted to supervisor self-medication.						
Does your child have seizures? No Yes If Yes, how often? How severe?						
Are there any significant medical problems that we need to be aware of? No Yes If Yes, please explain						
If your child is enrolled in a Special Education program, what is their Special Education Classification?						
Do you have any additional comments that would help us to know or assist your child?						
**Please check with the Program Director of the Kids Klub After School if you have questions about any of the above questions in this section. 410-548-4900 x 109. ADDITIONAL INFORMATION						
Does your child have any allergies or diet restrictions? Yes No If yes, explain						
Does your child have specific fears? Yes No If yes, explain						
May we have permission to use photographs of your child for camp publicity purposes? Yes No						
Do you have any special skills or talents that you would like to share with the children as a special special skills or talents that you would like to share with the children as a special special special skills or talents that you would like to share with the children as a special special special skills or talents that you would like to share with the children as a special special special skills or talents that you would like to share with the children as a special special special skills or talents that you would like to share with the children as a special sp						
Is your child exempt from immunizations for religious or medical reasons No Yes If yes, please explain						
Please indicate your child's t-shirt sizeyouth S youth M youth L adult Sadult Madult L adult XL						

(Waivers on next page)

KIDS KLUB AFTER SCHOOL WAVIERS & CONSENT FORMS

EMERGI	ENCY	CARE	CONSE	NT FORM
LIVILNG		CARL	CONSE	

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 ar
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/Gu	Date				
PERMISSION FOR TRIPS, EXC	URSIONS AND USE OF	PUBLIC PARKS AND FACILITIES			
I hereby given consent to the W/C D child on walking or transported field tunderstanding that such trips are unopersonnel and that all possible preca	trips to places of interest, der the supervision of autl	horized After School Program			
Parent/Guardian Signatur	Date				
HOW DID YOU HEA	R ABOUT KIDS KI	LUB AFTER SCHOOL			
	(Check all that apply)				
Banner at school site	YouTube/ Facebook	kFlyer in Mail			
School PTA	School Office	Brochure at School			
Blog (Rec Round Up)	Word of Mouth	Previously Attended			
Kids Klub Summer Escape	Kids Klub Website	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			