

Windsor Locks Park and Recreation  
**2020 / 2021 After School Club Registration**  
at **South** Elementary School

Date

Payment

Camper

Last Name

First Name

Age

as of August 30, 2020

Date of Birth

Grade

in Fall

M / F

Gender

Address

PM: ☐ 2 hours (\$40) ☐ 2+ hours (\$55)  
(5:00 pm pickup) (6:00 pm pickup)

**Parent/Guardian Information**

Mother's Name

Address

Home Phone

Work Phone

Cell Phone

Email Address

Father's Name

Address

Home Phone

Work Phone

Cell Phone

Email Address

**Emergency Contacts (if Parent/Guardian cannot be reached)**

Name

Address

Phone

Alternate Phone

Relationship

Name

Address

Phone

Alternate Phone

Relationship

**Authorized Camper Release Individuals (other than Parents/Guardians or Emergency Contacts)**

Name

Phone

Relationship

Name

Phone

Relationship

Name

Phone

Relationship

Parents, emergency contacts, and the individuals listed above are the **only** individuals permitted to pick up your child from camp! If an individual is not on this list, they will not be allowed to pick up your child. Any additions or deletions to this list during the summer must be made in writing. Authorized persons must be 16 years of age, show identification (for anyone other than parents) and sign out the camper.

In the event of an early release or cancellation of after school activities, please provide a **single** point of contact to be provided to the ASC Emergency Call System:

Direct Phone Number

Email Address

Your child should be:

☐ Picked Up in the School Office

☐ Placed on their Afternoon Bus

I have read the After School Club Parent Handbook, understand the information and agree to abide by the terms. I agree to instruct my child to observe rules and regulation governing the activities.

I hereby give my child permission to participate in the Town of Windsor Locks After School Club. In consideration for my child's ability to participate in this program, I agree, to the fullest extent permitted by law, to defend, indemnify and hold harmless the Town of Windsor Locks Parks and Recreation Department, its employees, agents and volunteers, from any injuries or damages caused by or resulting from participation in the Town of Windsor Locks After School Club.

X \_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

# Windsor Locks Park and Recreation Clubber Health History

Camper	<input type="text"/>	<input type="text"/>	Day Phone	<input type="text"/>
	<small>Last Name</small>	<small>First Name</small>		
Parent/Guardian	<input type="text"/>		Address	<input type="text"/>
Doctor's Name	<input type="text"/>		Doctor's Phone	<input type="text"/>
Dentist's Name	<input type="text"/>		Dentist's Phone	<input type="text"/>
Hospital of Choice	<input type="text"/>			
Insurance Carrier	<input type="text"/>		Policy Number	<input type="text"/>

Date of last health exam	<input type="text"/>	Date of last tetanus or DPT shot	<input type="text"/>
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Since last examination, has camper had:

- |   |  |
|---|--|
| <input type="checkbox"/> Serious injury requiring medical attention?                        | <input type="checkbox"/> An illness lasting more than five days?               |
| <input type="checkbox"/> Prescribed or over the counter medication?                         | <input type="checkbox"/> A surgical operation or fracture?                     |
| <input type="checkbox"/> Treatment in a hospital or emergency room?                         | <input type="checkbox"/> Restrictions concerning physical activities?          |
| <input type="checkbox"/> Exposure to a contagious disease?                                  | <input type="checkbox"/> Any complicating medical problems noted in last exam? |
| <input type="checkbox"/> Is camper currently under the care of a physician or psychologist? |  |

Please explain any items checked above. Include dates. (Attach additional pages if necessary.)

Allergies	Identify(milk, bees, dogs, etc.)	Nature of reaction - treatment needed
<input type="checkbox"/> Animals	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Hay fever	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Insect stings	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Food	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Medicine/drugs	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Pollen	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Plants	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other (specify)	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> None	<input type="text"/>	<input type="text"/>

**Other Health Conditions (Check those that apply)** - All clubbers should be able to function in a ratio of 10 clubbers to 1 counselor:

- |   |  |   |  |   |
|---|--|---|--|---|
| <input type="checkbox"/> ADD/ADHD                       | <input type="checkbox"/> Ear infection             | <input type="checkbox"/> Heart defect/<br>disease | <input type="checkbox"/> Musculoskeletal<br>disorders  | <input type="checkbox"/> Special dietary<br>regimen |
| <input type="checkbox"/> Asthma                         | <input type="checkbox"/> Emotional<br>disturbances | <input type="checkbox"/> Hypertension             | <input type="checkbox"/> Nosebleeds                    | <input type="checkbox"/> Wears glasses/<br>contacts |
| <input type="checkbox"/> Bleeding/clotting<br>disorders | <input type="checkbox"/> Fainting                  | <input type="checkbox"/> Menstrual cramps         | <input type="checkbox"/> Seizures                      | <input type="checkbox"/> Other (specify)            |
| <input type="checkbox"/> Constipation                   | <input type="checkbox"/> Hearing<br>impairment     | <input type="checkbox"/> Motion sickness          | <input type="checkbox"/> Sickle cell trait/<br>disease |   |
| <input type="checkbox"/> Diabetes                       |  |   |  |   |

Please explain any items that are checked. Indicate any information useful to the adult in charge in relation to any of these health conditions. Also, indicate any activities to be discouraged or restricted. (Attach additional pages if necessary.)

This Health History is complete and accurate. I know of no reason(s), other than the information indicated on this form, why my child should not participate in prescribed activities except as noted. In the event of a minor incident or injury, I authorize the WLPR After School Club staff to administer first aid. In the event of a more serious accidental injury, I authorize WLPR staff to administer CPR, contact emergency personnel and/or accompany my child to the hospital listed above. I also authorize all medical, diagnostic and hospital procedures, which may be performed or prescribed for my child by a licensed physician, when efforts to contact me are unsuccessful and when deemed immediately advisable by the physician to safeguard my child's health.

I understand it is my responsibility to provide accident and health insurance coverage for my child and I will be financially responsible for all charges and fees for emergency medical treatment, regardless of whether my medical insurance covers such charges and fees.

X \_\_\_\_\_

Parent's signature

\_\_\_\_\_

Date

## Windsor Locks Park and Recreation 2020 / 2021 After School Club Code of Conduct

Windsor Locks Park and Recreation After School Club offers a safe environment in which clubbers live, play and learn as part of a greater community. Clubber attitude and behavior are critical to the success of this community and each individual makes a difference in the quality of the experience.

In order to create a community atmosphere, clubbers are asked to follow these behavioral guidelines during their care session. Clubbers and parents/guardians must read and sign this agreement prior to the start of care.

I will treat everyone in the After School Club with respect at all times, including showing respect for other's personal belongings, privacy and feelings. I will try to be a friend to all.

I understand that harassment based upon race, color, religion, creed, sex, national origin, age, sexual orientation or disability is a form of discrimination in violation of federal and state law and/or the Town of Windsor Locks policy, and will not be tolerated.

I will respect the club's facilities and equipment and not take or destroy club property. I will not misuse club equipment and materials.

I will not use obscene or foul language or gestures and I will not bring music with lyrics, which contain obscene or foul language or make reference to violent offensive actions.

I will not engage in any activity, which may put myself, other clubbers or staff at risk.

I agree to abide by the rules and regulations of the club and understand that I am expected to follow directions and guidance provided by the club staff.

I will not bring radios, cell phones, videogames or other expensive items to the After School Club. I acknowledge that Windsor Locks Park and Recreation will not be responsible for loss or damage to personal property.

If the clubber fails to abide by these behavioral expectations, the following steps will be followed:

The clubber will receive a verbal warning from After School Club staff for breaking rules.

After warning, if behavior or actions still persists, the clubber will not participate in that given activity.

If behavior persists, clubbers will be brought to the club director with a staff member. Parents will be notified at this point and asked to assist in helping their clubber make more positive choices.

Clubbers will be put on a 24-hour contract. If behavior or actions do not improve, parents will be notified that their child is being sent home. The club director will discuss all decisions thoroughly before any child is sent home.

**Clubbers asked to leave club early for behavioral reasons will not receive a refund.**

**The club director reserves the right to send home any clubber if it is decided that it is in the best interest of the After School Club and clubbers.**

The following behaviors are considered very serious and will result in suspension or, and in some cases, immediate expulsion from club:

Possession or use of weapons, elicit, illegal drugs or other controlled substances, tobacco products of any kind and alcoholic beverages.

Physical abuse of any kind including hitting, kicking, biting or pushing another clubber or staff member.

Failure to follow staff instructions thereby resulting in situations that put themselves, other clubbers or staff in physical danger.

Leaving club property or assigned program area without the permission of the staff member supervising the area or activity.

Verbal abuse of or toward other clubbers or staff, which includes swearing, teasing or bullying.

Behavior that is constantly interfering with the quality of the program other clubbers are receiving.

Clubbers threatening to harm themselves or other clubbers.

We have read and understand these behavioral expectations. Furthermore we have discussed these expectations and agree to abide by them.

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Clubber Name

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Clubber Signature

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Parent Signature

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Date

PARK AND RECREATION DEPARTMENT  
TOWN OF WINDSOR LOCKS, CONNECTICUT

## PHOTOGRAPHY/VIDEOGRAPHY RELEASE

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_



I grant permission for the above named child to be photographed and/or videotaped during Park and Recreation Department programs, events, and activities. I understand and agree that these photographs and/or videotapes may be used, reproduced, and/or distributed by the Windsor Locks Park and Recreation Department for the purpose of promoting the Department and its programs. These uses include, but are not limited to: the Park and Recreation Department bulletin board, website, flyers and distribution to media.



NO, I do not wish for my child to be photographed or videotaped.

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

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Date