



# CHENEY PARKS & RECREATION 2020-2021 EDGE Registration



*This application **MUST** be filled out in its entirety. If there is a question that does not apply to your child, please write "N/A" instead of leaving the line blank. Applications that are not completed in their entirety will not be accepted for enrollment. There is a 30 participant maximum. EDGE is for low-income families only and children must be recommended by the school counselor. The program is \$15.00 per day or \$70 per week.*

Child's Full Name: \_\_\_\_\_

School: \_\_\_\_\_ Nickname: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

**\*\*\*In the event of an emergency, we will try these numbers first\*\*\***

Emergency Contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**\*\*\*In the event of an emergency, we will try these numbers second\*\*\***

### Health History

Does your child have any allergies? (Please include latex, peanuts, etc. \_\_\_\_\_)

Does your child have any special health or developmental needs or other pertinent health information? \_\_\_\_\_

Is there anything about your child that would be helpful for us to know (fears, likes, dislikes, etc.)? \_\_\_\_\_

### Healthcare Provider Information

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Medication Management & Emergency Care Notice

Cheney Parks & Recreation staff is unable to administer any type of medication. It is up to the parent/guardian to administer medication before or during our programs (this includes over the counter medications).

As a parent or legal guardian, I authorize a licensed physician or licensed dentist to examine the above-named child and in the vent of injury to render emergency care as he or she needs necessary for the treatment of such injury, including consultation and treatment by a specialist, including a surgeon. As parent or legal guardian, I authorize the Recreation Department to send the above-named child to the hospital, doctor or dentist most accessible.

### Payment Information

Please refer to the Parent Handbook for the pricing structure and other information. Complete payments are due the Thursday of the week prior to the scheduled program. Register and pay in advance to ensure space.

**Pick-Up & Drop-Off**

Please list any additional adults, besides parents/legal guardians your child can be released to:

NAME	PHONE NUMBER	ADDRESS
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Please list any person(s) your child CANNOT be released to. Please write "None" if there is no one: \_\_\_\_\_

If you or another parent/guardian changes the drop-off and pick-up arrangements, a written note will be required. If someone other than a listed or arranged person comes to pick-up a child, identification will be required prior to the release of the child.

You must pick-up your children promptly at the end of the day. A late charge will be assessed at the rate of \$16.50 per every five (5) minutes and must be paid in full before your child can attend the next scheduled date. If an emergency occurs and you are unable to pick-up your child, please call the Recreation Department at 509-498-9250.

**Assumption of Risk Statement**

*I, understand, in consideration of your accepting my child's entry, I hereby assume myself/my child, all risks and hazards of the conduct of this city sponsored program and release for myself/my child, my heirs, executors, and administrators, any and all claims and rights for damages I/my child may have against the City of Cheney, the Cheney School District, any participating agencies, employees and volunteers connected with the program. I specifically hold harmless the City, its officers, officials, employees and volunteers from and against all claims, suits, actions or liabilities for injury or death of any person, or for loss or damage to City property, which arises out of the use of City property or from any activity, work or thing done, in or about City property, except only such injury or damage as shall have been occasioned by the sole negligence of the City. I agree that pictures taken during program hours may be used for promotional purposes on Facebook, city website, YouTube etc. and any other multimedia marketing tools.*

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

Date:  
\_\_\_\_\_