



CHENEY PARKS & RECREATION 2021 Camp CASLO 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.*

Child's Full Name: _____

School: _____ Enrollment Date: _____

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.

Transportation

How will your child arrive and depart the program site? Please circle one:

DROP OFF

WALK

BIKE

PICK-UP

If you circled walk or bike, at what time will your child: Arrive: _____ Depart: _____

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

NAME

PHONE NUMBER

ADDRESS

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:

Coronavirus / COVID-19 Warning & Disclaimer:

CASLO has developed policies and procedures for camp operations based on state and local health departments and CDC guidelines. However, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in recreation programs or accessing CASLO facilities could increase the risk of contracting COVID-19. Cheney Parks and Recreation and CASLO in no way warrants that COVID-19 infection will not occur through participation in camp programs or accessing Cheney Parks and Recreation facilities. Please initial next to each statement below.

I agree to follow the following procedures established by Cheney Parks and Recreation Department. Please initial below:

___ I will alert the CASLO supervisor if my child or anyone in household has potential symptoms of COVID-19, such as fever, shortness of breath or persistent dry cough, in the 72 hours prior to the start of CASLO or during CASLO. I understand that CASLO will deny admission to children meeting any of these criteria.

___ I will alert the CASLO supervisor if anyone in my household is diagnosed with COVID-19. I understand that Camp CASLO will deny admission to campers meeting this criteria.

___ I understand that CASLO may need to close on short notice due to government order, child or staff illness, or other emergency. Notification will be sent via email with follow up messaging via phone. I will maintain access to communication throughout CASLO.

___ I can return to the CASLO within one hour of being notified by phone if my child must be picked up.

___ I will take my child's temperature each morning prior to camp drop off and alert staff if my child has a fever (temperature of 100.4° or higher). I understand that if a child has a fever of 100.4 or higher they will be denied admission to CASLO.

___ I agree to allow CASLO staff to take my child's temperature daily using a touch free thermometer.

___ I understand if my child has taken any fever reducing medications such acetaminophen or ibuprofen in the past 24 hours they may not attend CASLO.

___ I will allow and talk to my child about wearing a mask at all times indoors and all times outdoors when social distancing is not possible.

Printed Name

Signature

Date