

Rockaway Waterfront Alliance Youth Afterschool Registration Form

Academic Year : 2010/2011

Check Applicable Programs Registering For :

Aqua 101- Wednesdays 3-6PM

()

Community Planning

Bch Channel High School - Tuesdays 3-5:30PM

()

Far Rockaway High School - Thursdays 3-5:30PM

()

Student Information

Students Name :

(Last) _____

(First) _____

Address: _____

Phone (Home): _____

(Cell) _____

Email: _____

School Attending

Grade: _____

Emergency Contact 1

Last Name _____

First Name: _____

Relationship to applicant: _____

Phone: _____

Email/text: _____

Emergency Contact 2

Last Name _____

First Name: _____

Relationship to applicant: _____

Phone: _____

Email/text: _____



Registration Application Cont. – Health Record Information (1 of 2)

Rockaway Waterfront Alliance Health Record Information

Name of Child:

Date of Birth:

Address: _____

Phone: _____ (home)

_____ (cell)

Email: _____

Name of Parent Guardian:

Phone: _____

Place of Employment:

Parent 1: _____

Phone: _____

Parent 2: _____

Phone: _____

In Case of Emergency, Notify:

(Relationship to student)

Phone: _____

Has this child been exposed to any communicable disease during three weeks prior to this program? Yes (___) No (___)

(if 'yes' please state type of exposure:

Health History

(Check, giving approximate dates where applicable)

Allergies

Hay Fever _____

Ivy Poisoning, etc _____

Insect stings _____

Penicillin _____

Other drugs _____

Disease

Chicken Pox _____

Measles _____

German Measles _____

Mumps _____

Other contagious illnesses _____

Ear Infections _____

Rheumatic Fever _____

Convulsion _____

Diabetes _____

Behavior _____

Asthma _____

Any other past illnesses that would enable your child from participation in outdoor activities:



Registration Application Cont. – Health Record Information (2 of 2)

Operations of serious injuries (dates) _____

Hospitalization (dates) _____

Chronic or recurring illness _____

Conditions that require activity to be restricted: _____

Appliance work (glasses, contacts, etc) _____

Medication taken _____

Insurance Carrier: _____

I.D.#/Medicaid#: _____

Providing this information will help us to assist your child in the event of an emergency.

I do hereby give authority to the Rockaway Waterfront Alliance to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Signature

Relationship

Date



Registration Application Cont. – Liability Release

Release of Liability Form

I, _____, hereby agree to abide by and adhere to the standards of conduct as set forth by Rockaway Waterfront Alliance and Marina 59.

I further state that I am participating voluntarily in Rockaway Waterfront Alliance program of my own free will and understand the risks involved in doing so.

In consideration for being allowed to participate in the youth program, I agree to hold harmless and release Rockaway Waterfront Alliance and Marina 59; their officers, directors, employees and sponsors from any liability due to accident, illness, death, travel by ground transportation, or acts of violence that may occur. I agree that Rockaway Waterfront Alliance and Marina 59, its officers, directors, employees and sponsors are not in any way responsible for my welfare, well-being, safety, health, while participating as a volunteer.

I understand Rockaway Waterfront Alliance may notify the person or persons that I have listed as an emergency contact in the event that I become seriously ill or am involved in an emergency situation during the volunteer program. In the event that I am unable to make my own medical decisions, a Rockaway Waterfront Alliance representative may have to make those on my behalf.

I further authorize the staff of Rockaway Waterfront Alliance to obtain emergency medical treatment under the supervision of a physician and/or surgeon, should treatment be necessary. I release Rockaway Waterfront Alliance from any claim whatsoever which arises on account of any first aid, treatment, or service rendered in connection with my activities with Rockaway Waterfront Alliance.

I agree to conduct myself in accordance with Rockaway Waterfront Alliance policies on alcohol, and general behavior, as expressed in its volunteer conduct agreement. I understand that Rockaway Waterfront Alliance reserves the right to terminate my involvement with Rockaway Waterfront Alliance if I fail to comply with all policies and procedures.

I authorize Rockaway Waterfront Alliance the right to release any photos or news about my experience through the organization. This release of liability shall be effective for all orientation meetings, classes and for the entire duration of the youth program.

Should any of the provisions of this Release, or portions thereof, be found to be invalid by any court of competent jurisdiction, the remainder of this release shall nonetheless remain in full force and effect. This release shall be construed under the laws of the State of New York.

PARTICIPANT NAME: _____

GUARDIAN NAME (IF PARTICIPANT IS UNDER 18): _____

SIGNATURE: _____ DATE: _____
(GUARDIAN SIGNATURE IF PARTICIPANT IS UNDER 18)



Registration Application Cont. – Trip Consent

General Trip Consent Form

The Rockaway Waterfront Alliance requires permission for your child to participate in all field trips. Rockaway Waterfront Alliance will be conducting numerous field trips as a part of the Fall After School programming. This slip will allow for your student to participate in all field trips related to environmental education.

I _____ (parent/guardian) give permission for
_____ (child's name) to participate in all Rockaway
Waterfront Alliance field trips.

Signature of Parent or Guardian

Date

Photo/Video Consent Form

I certify that I am the parent or legal guardian of _____.

I understand that his program features special events, activities and programming all related to the environment. Media representatives, newspaper and television reporters, photographers, and public relations personnel may be present at some special events to document their work. In some cases they may be interview and/or photograph children who participate in these events. These photographs, videos, and interviews will only be used to display the efforts of Rockaway Waterfront Alliance.

I give permission for my child to be photographed or otherwise recorded during these events and activities, and for any and all such photographs to be displayed by Rockaway Waterfront Alliance, whether now or hereafter known or developed.

Signature of Parent or Guardian

Date

