

Exercise the Right Choice 2024 – 2025 Registration Form

(Please complete all areas of this form)

Participant Information

Child's FIRST Name: _____ LAST Name: _____ Gender _____ DOB ____/____/____

Primary Household Contact Information—Please Fill Out Completely

Parent 1 Name: _____ Parent 1 Cell: _____ Parent 1 Work Phone: _____

Street Address: _____

Parent 1 Email Address: _____

Parent 2 Name: _____ Parent 2 Cell: _____ Parent 2 Work Phone: _____

Street Address: _____

Parent 2 Email Address: _____

Emergency Contact Information: Please provide an additional contact (**not residing with you**) that we can contact in case a parent/guardian cannot be reached **and** that is allowed to pick child up from the Newington Parks & Recreation Exercise the Right Choice After School Program.

Name: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Pick-up Authorization

I hereby authorize the following person(s) to pick up my child from the Newington Parks & Recreation Department's Exercise the Right Choice After School Program. If there are any changes in these arrangements, I will give written notice in person (with proper identification) in the Parks & Recreation office. Parent/guardian must be included on this pick-up authorization. Only people listed here are authorized to pick up your child.

1. Parent/Guardian Name: (1) _____ (2) _____
2. Name: _____ Phone: _____ Relationship: _____
3. Name: _____ Phone: _____ Relationship: _____
4. Name: _____ Phone: _____ Relationship: _____

Please check if applicable: My child is allowed to WALK BIKE home from the Program

**My child is allowed to walk or bike home before 5:00 Yes Earliest Time No

School your child is attending

Anna Reynolds

Ruth Chaffee

Elizabeth Green

John Paterson

Grade level: _____ **Program Fee:** **\$365.00 (Early Bird Until August 15, 2024)**
\$395.00 (After August 15, 2024)

Please Circle Payment Method: Cash Check Visa Mastercard Discover

Checks Payable To: Newington Parks & Recreation (200 Garfield Street, Newington, CT 06111)

Credit Card # _____

Security Code # _____ Exp. Date ____/____

Signature for Credit Card Use: _____ Date: _____

Total Paid: _____

Payment Plan Available: 50% due at time of registration and 50% due no later than Friday, October 11, 2024 (11:00 am) or you will be subject to a \$25.00 late fee. Payable to Newington Parks and Recreation.

Additional information and signature required on the reverse side of this form.

Terms and Conditions of Registration

CHILD'S NAME: _____

Incomplete forms will not be accepted.

My son/daughter has permission to participate in the Newington Parks & Recreation Exercise the Right Choice After School Program. I hereby agree to release, discharge and hold harmless, the Town of Newington, its employees, contracted instructors and volunteers from any liabilities which may occur while participating in the Exercise the Right Choice After School Program. I understand that participation in any recreational activity involves risk. I further understand that the Town of Newington does not provide accident/medical insurance for Program participants.

Unless the Exercise the Right Choice After School Program is restricted by a written order directed expressly to the Newington Parks & Recreation Department, (1) the Exercise the Right Choice After School Program staff is hereby authorized to release the child to either parent (or persons authorized by either parent) at any time during the day or arrangements for pick-up of the child have been made in writing in advance with the Parks & Recreation office even if both parents do not live at the same address, and (2) both parents are permitted to visit the child at the Program. Disputes between parents which involve the Exercise the Right Choice After School Program in any way must be resolved immediately by the parents. The Newington Parks & Recreation staff shall have the right to terminate enrollment in the Exercise the Right Choice After School Program and dismiss the child if issues are not resolved. Should such action be taken, no refund will be made and the person(s) who signs this Registration Form will, nevertheless, be responsible for all amounts due to the Newington Parks & Recreation Department as if the child had not been dismissed unless otherwise noted in writing by the Department. The parent irrevocably authorizes and gives consent to the Newington Parks & Recreation Department's use of the child's name, photograph, portrait or image in connection with the Exercise the Right Choice After School Program's brochure, flyers, social media or other promotional or advertising publication. The parent releases the Town of Newington and shall indemnify and hold the Town of Newington harmless from and against any and all claims, liabilities and expenses (including reasonable attorney's fees) arising from such use.

The Exercise the Right Choice After School Program staff shall have the right to make all decisions regarding the participant's ability to participate in particular activities or the entire Exercise the Right Choice After School Program. At any time before the Exercise the Right Choice After School Program begins, the Exercise the Right Choice After School Program staff shall have the right to cancel enrollment if it determines, in its sole judgment; (1) that the physical, mental or emotional condition of the child would prevent him/her from participating safely and satisfactorily in the Exercise the Right Choice After School Program or interacting positively with other children at the Exercise the Right Choice After School Program or (2) the child's parent(s)/guardian(s) make an unreasonable demand on the Exercise the Right Choice After School Program. Once the Program has begun, the Exercise the Right Choice After School Program staff shall have the right to terminate enrollment and dismiss the child, if it determines in its sole judgment that the child's: (1) behavior proves detrimental to himself/herself, other participants or staff or property, or (2) behavior displays bigotry, bullying or inappropriate sexual acts, or (3) parent(s)/guardian(s) make an unreasonable demand upon the Exercise the Right Choice After School Program, or (4) program fee has not been paid in full prior to the start of the program unless prior arrangements have been made with the Department. The Newington Parks & Recreation Department's Refund Policy states: No refunds will be given once you have registered unless participants cannot attend due to illness or injury that prevents participation in the remainder of the Exercise the Right Choice After School Program. All refunds must be requested in writing to the Parks & Recreation Department and require a doctor's note. A \$20.00 processing fee will be applied for all refunds given.

Emergency Medical and Surgical Treatment Release

Release: The information contained herein is accurate to the best of my/our knowledge. By my/our signature below, I/we consent to the following:

- A. Release any and all medical, insurance and/or other records to third party, which are in the possession of the Town of Newington or any other party referred to herein.
- B. For the Town of Newington to acquire medical insurance, and/or other data from third parties to be added to this record, and for those third parties to release such information to the Town of Newington.

I/we authorize duly-licensed physicians, nurses and allied health professionals to provide such necessary medical care and to administer such routine diagnostic tests and procedures in the judgment of the authorized personnel as deemed necessary or advisable for the care of the individual person herein. If the information contained herein refers to an individual other than ourselves, I/we am/are their authorized legal representative and/or guardian(s) and am/are hereby authorized to submit this material and execute this release form.

Participants with Medications / Special Needs

You must complete and submit Supplemental Forms for children with special needs and/or if medications need to be taken during Exercise the Right Choice After School Program hours. Supplemental Forms MUST be submitted at the time of registration. Forms are available at the Parks & Recreation Office or online at www.newingtonct.gov/parksandrec.

Parent(s)/guardians(s) represent to the Exercise the Right Choice After School Program that written in the space below is his/her/their child's history of medical conditions or surgical procedures, special needs, therapy programs and/or regularly taken prescription medications:

No Medical Concerns
Initials _____

No Special Needs
Initials _____

Assumption of Liability: Participation in the activity may involve risk or injury. As a parent, guardian, or participant, I am aware of these hazards and my ability to participate. I hereby agree to release, discharge and hold harmless the Town of Newington, its employees, contracted instructors, and volunteers from the liabilities which may occur while participating in the activity. I understand that participation in any recreational or sport activity involves risk. During the COVID-19 pandemic, I also understand that I must adhere to all CDC, state, and local COVID-19 guidelines, including all social distancing, temperature checks, personal protective equipment requirements, and sanitation protocols. I acknowledge that there is a risk of transmission when in a group or class setting, even with personal protective equipment. I further understand that the Town of Newington does not provide accident/medical insurance for the program participants. In addition, I give permission for the participant to be treated by qualified medical personnel in the event that the above named parent/guardian/emergency contact cannot be reached at the phone numbers provided. The Parks and Recreation Department reserves the right to photograph program participants for publicity purposes. Please be aware that these photos are for Parks and Recreation use only and may be used in future catalogs, website, social media, brochures, pamphlets, and/or flyers. No refunds will be given after a participant has registered and paid for a program, except for medical reasons (illness or injury) which prohibit active participation in the program. Refund Requests must be accompanied by a note from the participant's physician. The amount refunded will be pro-rated to reflect the number of classes remaining at time of request.

I/we have read, understand and agree to the above terms and conditions.

SIGNATURE OF PARENT/GUARDIAN 1

PRINTED NAME

DATE

SIGNATURE OF PARENT/GUARDIAN 2

PRINTED NAME

DATE

Only the individual(s) signing this form is/are authorized to make additions or revisions.
All changes must be made in person (with proper identification) in the Parks & Recreation office.