



Youth Name

KidsPLAY Parent Consent Form

Please initial after each policy

Behavior Guidelines

I have read and understand the enclosed manual and behavior guidelines. I understand that if my child does not follow the set rules and guidelines disciplinary action will be taken.

Initials _____

Payment Policy

Payments made after 5:30 pm on the Thursday before the intended week of participation will be assessed a \$10.00 late fee and participants will not be allowed to return to the program until payment is made. Parents/ Participants are responsible for full payment for all days that they register for regardless of attendance.

Initials _____

Medical Release

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, I understand this group travels to different sites and in the event that my child must require immediate medical attention I give the adult in charge permission to make sure my child gets to the nearest medical facility. Permission is also granted for my child to travel to any school, recreation department, community center, or other location for play or special events related to this program. I will make arrangements for my child's transportation (with written notification if individual picking child up is not listed above) upon return from the trip or while on the trip. I understand the nature of the event and my child's involvement in the program.

Initials _____

Late Pick-up Policy

I am aware that if I am late according to the program that I signed up for and/or my child has not been picked up by 5:30 pm. I will 1st receive a written warning and, then if the problem persists, I will be charged at a rate of \$10.00 per 15- minute increments.

Initials _____

Water Activities Permission

Throughout the summer, KidsPLAY will participate in swimming and/or wading activities. Days in which swimming and/or wading are planned are marked on the calendar as beach, pool or water park activities. All locations where swimming and/ or wadding is part of the planned activities will have certified lifeguards on-duty. By signing below, I grant permission for my child to participate in swimming and/or wading activities.

Initials _____

Circle the word that best fits your child's swimming ability:

Non-Swimmer

Beginner

Intermediate

Advanced

By signing below I agree to the above policies.

Parent Signature

Date