

DEPARTMENT OF SPORTS, PARKS & RECREATION
AFTER SCHOOL REGISTRATION FORM

The Department's Liability Waiver must be completed, signed and returned before the programs start date or participation will not be allowed. Thank you for your cooperation

PLEASE PRINT IN INK AND FILL OUT COMPLETELY

PRIMARY ADULT CONTACT

LAST NAME _____ FIRST NAME _____
 PHYSICAL ADDRESS: _____
 MAILING ADDRESS: _____ ISLAND _____ ZIP _____
 HOME PHONE _____ CELL PHONE _____ WK PHONE _____ EMAIL _____
 ___ Check here if you prefer not to receive our electronic mailings
 EMERGENCY CONTACT _____ PHONE _____

STUDENT REGISTRATION

NO.	PARTICIPANT'S NAME	BIRTHDATE	M/F	T-SHIRT SIZE	SCHOOL	GRADE	FEE
1.							
2.							
3.							
4.							
5.							

Total Fees Paid \$ _____ Total Fees Due \$ _____

PLEASE CHECK THE PROGRAM YOUR CHILD WILL ATTEND
 (Please advise that some sport activities are seasonal). For practices, schedule games and/or tournaments. All classes with the St. John School of the Arts Fees is _____ for the entire school year for all classes under \$200

- ___ Baseball (6-12) ___ Soccer (6-13) ___ A cappella Ensemble (5-18) ___ Ballet (5-6)
- ___ Basketball (9-17) ___ T Ball (6-8) ___ Jazz Dance II (13-up) ___ Drumming I, (6-9)
- ___ Volleyball (9-16) ___ Acting for Theater (8-up) ___ Acro St. John (8-up)
- ___ Tae Kwon (\$40.00 per month per child)

MEDIA AUTHORIZATION AND RELEASE

I permit the Department of Sports, Parks & Recreation to use and publish photographs and/or videotapes of my child or children for purposes of presenting recreation activities to the community and to promote the recreation program to prospective clients and/or participants. I also give permission to release such photographs and/or videotapes to the news media in support of the program.

SIGNATURE OF PARENT / GUARDIAN _____ DATE _____

Department Use Only	
Employee Signature: _____	Amount Received: _____
() Cash () Money Order	Date Received: _____
() Money Order No. _____	

DEPARTMENT OF SPORTS, PARKS & RECREATION

Medical Emergency Release

In the event of sudden illness, accident or injury which may occur while said minor is engaged in a program/activity supervised by the Department of Housing, Parks & Recreation's representatives, agents or assignees, when neither the parents, guardian or designated family physician can be contacted, I hereby give my consent for emergency treatment as shall be necessary under circumstances by any physician licensed under the Laws of the Virgin Islands Government in consideration of my child or children participation in this program, I hereby release and discharge the VI Government (which includes its officers, employees, agents, and elected and appointed officials) from any and all claims for personal injury.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

Family Physician _____ Phone _____

Insurance Company _____ Policy Group # _____

Pertinent medical history information (Epilepsy, Diabetes, allergies, etc.) Yes No. If yes, explain: _____

Parent Emergency Phone # _____ In cases of emergency (if parent cannot be contacted) please notify:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Other Health - Related Information

Is the child allergic to medications?

Is the child allergic to insect stings?

Does the child have any food allergies or dietary restrictions?

Does the child have any other significant health or behavioral problems significant to camp personnel?

Does child require medication while at camp?

Specify?

If yes, what actions should be taken?

Specify:

Specify:

If yes, please note that we cannot dispense Medication without:

A completed *Medication Consent Form* and

A physician's written and signed authorization.

Please check that you have turned in both of the above items

Yes, I give my permission for staff to apply sunscreen on my child.

May the staff apply sunscreen on your child?

Code of Conduct Release

The Department of Sports, Parks and Recreation encourages a safe and healthy atmosphere by supporting an environment free from: Drugs or Alcohol, Violence, Intimidation, or Harassment, Gambling or Solicitation, Profanity, or Abusive Language, Vandalism or Property Damage. This code of conduct applies to all participants, spectators, visitors, facility users, organizations or groups, staff and volunteers in any and all Department of Sports, Parks and Recreation Activities, Programs, Field and Facility Uses.

Violation of this Code of Conduct may result in disciplinary action up to and including immediate and permanent expulsion from Department of Sports, Parks and Recreation programs, cancellation of any facilities or field reservations, forfeiture of any and all fees, and financial or other restitution for any damage. Acts conducted by a minor are the responsibility of the parent or guardian. I have read and agree to abide by the Department of Sports, Parks and Recreation Code of Conduct and accept responsibility for any acts on behalf of my child in violation of this code.

_____ Please Initial

Authorization to Walk, Ride, or Be Picked Up

My Child has permission to:

Walk to and from program

Ride a bicycle to and from program

Be picked up by the following people listed below

1. _____ Phone: _____

2. _____ Phone: _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

GENERAL WAIVER & RELEASE

The Department of Sports, Parks & Recreation (DSPR) is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Department of Sports, Parks & Recreation continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participant safety. However participants and parent/guardian of minors registering for this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities.

I _____, as parent/guardian am solely responsible for determining if my minor child, _____ is physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is disable in any way, or recently sufferers an illness, injury or impairment, to consult a physician before undertaking and physical activity.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

WARNING OF RISK

Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Understandably, not all hazard and dangers can be foreseen. Participants must understand that certain risk, dangers and injuries due acts of God, inclement weather, slipping, falling, equipment failure, premises defects and all other circumstances inherent to recreational activities/programs exists. In this regard, it must be recognized that it is impossible for the Department of Sports, Parks and Recreation to guarantee absolute safety. I have read and understand the above Warning of Risk.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

WAIVER & RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this program/ activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss

Which your minor child might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services, when provide). I as parent/guardian recognize and acknowledge that there are certain risk of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child,

_____ may sustain as a result of said participation. In the event of an emergency, I authorize the Department officials to secure from any licensed hospital physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care. Parents/guardians of minor participants are solely responsible for any and all expenses associated with emergency medical treatment, including but not limited to, transportation services to the nearest available medical facility/provider or to an alternative medical facility/provider requested by the participant or parent/guardian. I further agree to waive and relinquish all claims I or my minor child may have (or accrue to me or my child) as a result of participating in this program/activity against the Department of Sports, Parks & Recreation, including its officials, agents, volunteers, and employees (herein after collectively referred to as the Department of Sports, Parks & Recreation). I do hereby fully release and forever discharge the Department of Sports, Parks & Recreation from any and all claims for injuries, damages or loss that my minor child/or I may have or which may accrue to me or my minor child, arising out of, connected with, or in any way associated with program/activity.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. I further attest that I have read the above to my minor child.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____