

**2015 – 2016
Rocky Mount Parks & Recreation Department's
After School Program Application**

School Site Attending (please circle)

Winstead Elementary

Englewood Elementary

Williford Elementary

Booker T Washington Community Center

Imperial Centre

Participants Information (Please Print)

School Pick Up Site: _____

Child's Name: (last) _____ (first) _____ (nickname) _____

Address: _____ City: _____ State: _____ Zip Code: _____

Sex: _____ Age (as of August 25, 2015): _____ Date of Birth: _____

Parent/Guardian Full Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

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

Email: _____

In Case of Emergency (Other than Parent/Guardian, who can be reached during after school hours)

Name _____ Relationship _____ Daytime Phone _____

Address _____ City, State Zip _____

Medical Information (allergies, special medications, instructions, etc.):

Persons authorized to pick up your child from the program (**ID WILL BE REQUIRED**):

Name: _____ **Relationship:** _____ **Phone:** _____

Name: _____ **Relationship:** _____ **Phone:** _____

Name: _____ **Relationship:** _____ **Phone:** _____

Registration Fee: \$25.00/Resident \$37.50 Non-Resident \$ _____

Will your child need pick up transportation from their school? _____ **Yes** _____ **No**

Resident: \$80.00 per child Non Resident: \$110.00 per child \$ _____

Transportation: \$50.00 per child \$ _____

Total Amount Due: \$ _____

| <u>After School Months</u> | <u>Payment Due Dates</u> | <u>Due Time</u> |
|----------------------------|----------------------------|-----------------|
| (1) August 24-31, 2015 | Friday, August 21, 2015 | 6:00pm |
| (2) September 1-30, 2015 | Friday, August 21, 2015 | 6:00pm |
| (3) October 1-31, 2015 | Friday, September 25, 2015 | 6:00pm |
| (4) November 1-30, 2015 | Friday, October 30, 2015 | 6:00pm |
| (5) December 1-31, 2015 | Friday, November 20, 2015 | 6:00pm |
| (6) January 1-31, 2016 | Friday, December 18, 2015 | 6:00pm |
| (7) February 1-28, 2016 | Friday, January 29, 2016 | 6:00pm |
| (8) March 1-31, 2016 | Friday, February 26, 2016 | 6:00pm |
| (9) April 1-30, 2016 | Friday, March 18, 2016 | 6:00pm |
| (10) May 1-31, 2016 | Friday, April 29, 2016 | 6:00pm |
| (11) June 1-7, 2016 | Friday, May, 27, 2016 | 6:00pm |

We encourage our customers to pay by money order, check, or credit card. No cash please. Checks and money orders should be made out to:

**Rocky Mount Parks and Recreation Department
PO Box 1180
Rocky Mount, NC 27802-1180**

****Late Payment Fee:** All payments received after the due date will be charged a mandatory \$25.00 late fee per child.

*****Late Pick Up Fee:** Any parent who fails to pick-up their child **before 6:15pm** will be charged an additional **\$10.00 every 15 minutes.**

RELEASE. INDEMNITY, ACKNOWLEDGEMENT AND ASSUMPTION OF RISK

IN CONSIDERATION of my participation in the **After School Program** (the "Activity") sponsored by the City of Rocky Mount, I, for myself, my heirs, executors, administrators, personal or legal representatives, successors and assigns, hereby agree to:

(I) RELEASE, WAIVE, FOREVER DISCHARGE and COVENANT NOT TO SUE the City of Rocky Mount, its elected officials, officers, employees, and agents (collectively the "City") from any and all claims, losses, damages, or liability (present and future), on account of injury to my person or property, including injury resulting in my death, arising out of, or in any way connected with, my participation in the Activity, including, without limitation, to the extent permitted by law, any claim, loss, liability, or damage related (directly or indirectly) to acts or omissions (negligent or otherwise) of the City; and

(II) INDEMNIFY, DEFEND and HOLD HARMLESS the City from and against any and all claims, losses, liability, and damages (present and future) and all costs, charges, and fees (including reasonable attorneys fees) related thereto, arising out of, or in any way connected with my participation (or the participation of the minor identified below) in the Activity or connected with the participation of anyone participating in the Activity under my auspices or with my implied or express consent, including, without limitation, to the extent permitted by law, any claim, loss, liability, or damage related (directly or indirectly) to acts or omissions (negligent or otherwise) of the City.

I understand that participation in the Activity involves the risk of injury or death, and by executing this Release, Indemnity, Acknowledgement and Assumption of Risk (this "Release"), I acknowledge and assume all risk of injury or death resulting from participation in the Activity.

I further agree that if any term or provision of this Release, or the application thereof, to any person or circumstance shall, to any extent, be deemed invalid or unenforceable, the remainder of this Release, or the application of such term or provision, to person or circumstances other than those to which it is held invalid or unenforceable, shall not be affected thereby, and each term and provision of this Release shall be valid and enforceable to the fullest extent permitted by law.

I have carefully read this Release and have executed the same voluntarily adopting the word "SEAL" after my name as my seal.

THIS DOCUMENT RELEASES YOUR RIGHT TO MAKE A CLAIM IF YOU HAVE AN ACCIDENT OR ARE INJURED. DO NOT SIGN IT UNLESS YOU HAVE READ IT AND UNDERSTAND IT FULLY.

Date: _____

(SEAL)

Signature of Participant

Name (print)

(SEAL)

Signature of Parent/Guardian if Participant is a Minor

Name (print)

*****Photo Release Statement**

Pictures or video clips may be taken while participating in City of Rocky Mount Parks and Recreation Programs. If you do not concur, please contact the Parks and Recreation Department at 252-972-1151

