

Green River After School Program

GRASP at Monroe

Masks will be required!

Monroe Truman (Transport) Harrison (Transport) Washington (Transport)

- 5 punches = \$35
- 10 punches = \$70
- 15 punches = \$105

- 20 punches = \$140
- 25 punches = \$165 / discount \$10
- 30 punches = \$195 / discount \$15

Half Day of GRASP \$7

Full Day of GRASP \$14

Additional children will be 25% off

Child #1 First Name _____ Last Name _____

Birth Date: _____ Age: _____ Sex: M / F In or entering grade (20/21 school year) _____

Please list any medical conditions and/or medications: _____

Child #2 First Name _____ Last Name _____

Birth Date: _____ Age: _____ Sex: M / F In or entering grade (20/21 school year) _____

Please list any medical conditions and/or medications: _____

Child #3 First Name _____ Last Name _____

Birth Date: _____ Age: _____ Sex: M / F In or entering grade (20/21 school year) _____

Please list any medical conditions and/or medications: _____

Parent #1 First Name _____ Last Name _____

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

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

Email: _____

Parent #2 First Name _____ Last Name _____

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

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

Email: _____

If Parents/Guardians (above) are not available in the event of an emergency, notify:

Name: _____ Phone # _____ Alternate # _____

Name _____ Phone # _____ Alternate # _____

OVER



AUTHORIZATION TO RELEASE: The following are the **only individuals, other than the parent/guardians, authorized to pick up my child** should I not be able to do so. **Your child will not be released to anyone not on this list!!!** These individuals will be required to show identification if they are not known or recognized by the camp staff. **No one under the age of 18 will be allowed to pick up your children.** Name(s) can be added to, or taken off of this list with your authorization only. **(If restraining orders are in place please speak to the Recreation Supervisor immediately!)**

1. Name: _____ Relationship: _____ Phone: _____
2. Name: _____ Relationship: _____ Phone: _____
3. Name: _____ Relationship: _____ Phone: _____

All children at GRASP must be picked up by a parent, guardian, or authorized adult and cannot walk home.

Medical Information

Does your child have any medical or physical conditions that parks and recreation staff should be aware of?

YES / NO **If yes, please explain:** _____

Will your child require medications while participating in a City of Green River Park & Recreation Department Activity?

YES / NO **If yes, please fill out the Medication Authorization form.**

Doctors Name: _____ **Phone:** _____

Dentists Name: _____ **Phone:** _____

We are **NOT** affiliated with the school district; therefore, they cannot share information about your child with us. If your child is on an IEP, has a learning or emotional disability, or needs extra help in any way, please explain below so we can best help your child throughout our program.

I hereby give my consent and certify that _____ is in normal health and capable of participating in the Green River After School Program. I understand that participation in GRASP involves certain risks and that regardless of the precautions taken by the Green River Parks and Recreation Department, or the participants, some injury may occur. I agree that pictures taken during the program hours may be used for current and future promotional purposes.

Parent/Guardian: _____ **Date:** _____
(Signature)

(Please complete form and return to the Green River Recreation Center with payment)
(The City will only take guaranteed funds which include cash, credit card or money order)



City of Green River Parks and Recreation Department

Behavior Policy

Summer Day Camp and Green River After School Program

Positive Guidance, Discipline and Discharge

Whenever possible, staff will assist children in working out their differences. The program should follow the same conflict resolution steps as below:

Children's Rules to Live By:

- **Ask the person to stop**
- **Ignore the person**
- **Walk Away**
- **Tell an Adult**
- **We are respectful, responsible and safe**

The following system will be used in the behavior plan.

1. First offense, the child will be given a warning and the staff person will talk to the child about the behavior expected of him/her. *If a behavior is deemed serious enough, it can warrant a **Discipline Report** without warning or even an expulsion from the program without prior warning or notice.*
2. Second offense, the child will be asked to sit away from the group for a short period of time (5-10 minutes) and think about his/her actions. A staff person will again talk to the child about their behavior.
3. Third offense, the child will be removed from the area and asked to sit away from the group for 10-20 minutes (depending upon the age of the child). The child will not be allowed to return to a particular activity for the remainder of the program time, such as a gym game. Parents will be informed of the behavior upon pickup and an **Incident Report** will be completed by the staff.
4. A **Discipline Report** (Green Sheet) will be completed whenever a child becomes physical with another child or staff member, destruction of property occurs, constant one-on-one attention is needed, and/or usage of offensive language. *A serious discipline problem is defined as one in which a child is adversely affecting the day-to-day operation of the programs.*
5. If a 2nd **Discipline Report** is completed during a summer or school year, a meeting will be scheduled with the Recreation Supervisor, onsite staff, parents and child to discuss the behavior and strategies to assist in alleviating the behavior.
6. If the child receives a 3rd **Discipline Report** he/she will be suspended from the program for a three-day period. During this time the parent, child, Recreation Supervisor and onsite staff member, will meet to discuss the parameters of returning to the program.
7. If a 4th offense occurs after this meeting, the result will be dismissal from the program. *Refunds will not be granted.*

*By signing this form, you are acknowledging that you have read and understand the behavior policy.

Tear off and return with the completed registration form.

Behavior Policy Acknowledgement

Registered Child(ren): _____

Parent Signature Required: _____

Print

Signature

Date

Please cross out the days your child will NOT be attending the program to the best of your knowledge.

| August | | | | | | |
|---------------|-----|-----|--|-----|-----|--------------|
| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
| | | | | | | 1 |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 <small>1st Day of GRASP</small> | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 30 | 31 | | | | | |

| September | | | | | | |
|--------------|----------------------------|-----|--------------------------------|-----|-----|-----|
| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
| | | 1 | 2 | 3 | 4 | 5 |
| 6 | 7 <small>Closed</small> | 8 | 9 | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 27 | 28 | 29 | 30 <small>Early Out</small> | | | |



ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT RELATING TO COVID-19 EXPOSURE, COVID-19 LIABILITY, AND COVID-19 RISKS

The persons to whom this Agreement applies are, as follows:

Adult Participant Name: _____

Minor Participant Name(s): _____ Participant Age(s): _____

(If applicable) Name of Participant's Parent or Legal Guardian signing below: _____

IN CONSIDERATION for myself and/or my children listed above being permitted to utilize the services, utilize the facilities and/or participate in the programs of the City of Green River (the "Organization"), including, but not limited to, observation or use of facilities or equipment, or participation in or acting as a spectator during any program affiliated with the Organization, the undersigned, on behalf of himself or herself and such participating children and any personal representatives, heirs, and next of kin (hereinafter referred to as "the undersigned") hereby acknowledges, agrees and represents that he or she has inspected and carefully considered such premises, equipment, and facilities and has considered the Organization's programs and that the undersigned finds and accepts same as being safe and reasonably suited for the use or participation by the undersigned and such participating children.

In addition, the undersigned acknowledges that novel coronavirus ("COVID-19") infections have been confirmed throughout the United States, including several cases in the undersigned's own State and locality. In accordance with the most recent guidance and recommendations issued by the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), undersigned's own State's Department of Health (DOH) for slowing the transmission of COVID-19, the undersigned hereby agrees, represents, and warrants that neither the undersigned nor such participating children shall visit or utilize the facilities, services, and/or programs of the Organization (other than any exclusively online services and programs) within 14 days after (i) returning from highly impacted areas subject to a CDC Level 3 Travel Health Notice, (ii) exposure to any person returning from areas subject to a CDC Level 3 Travel Health Notice, or (iii) exposure to any person who has a suspected or confirmed case of COVID-19. The CDC Travel Health Network is continuously updating this list and the undersigned agrees that they are aware of this list and the countries listed.

The undersigned hereby agrees, represents, and warrants that neither the undersigned nor such participating children shall participate in, visit or utilize the facilities, services, and/or programs of the Organization if he or she (i) experiences symptoms of COVID-19, including, without limitation, fever, cough, loss of sense of taste or smell, or shortness of breath, or (ii) has a suspected or diagnosed/confirmed case of COVID-19. The undersigned agrees to notify the Organization immediately if he or she believes that any of the foregoing access/use restrictions may apply.

The Organization has taken certain steps to implement certain recommended guidance and recommendations issued by public health agencies for slowing the transmission of COVID-19, including, without limitation, the access/use restrictions set forth above. The undersigned acknowledges and agrees that the Organization may revise its procedures at any time based on updated recommended guidance and recommendations issued by public health agencies and further agrees to comply with the Organization's revised procedures prior to utilizing the facilities, services, and/or prior to participating in the programs of the Organization. The

undersigned further acknowledges and agrees that, due to the nature of the facilities, services, and programs offered by the Organization, social distancing of 6 feet per person among children and their fellow participants or others is not always possible. The undersigned fully understands and appreciates both the known and potential dangers of participating in the programs and/or utilizing the facilities and services of the Organization and acknowledges that use thereof by the undersigned and/or such participating children may, despite the Organization's reasonable efforts to mitigate such dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability, and/or death.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN THE ORGANIZATION'S PROGRAMS, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED, ON HIS OR HER BEHALF AND ON BEHALF OF SUCH PARTICIPATING CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the Organization or its governing body organization, or any of their respective directors, officers, employees, volunteers and agents, or any of the fellow participants or their family members or guests from all liability to the undersigned or such participating children and all personal representatives, assigns, heirs, and next of kin of the undersigned or such participating children for any loss or damage, and any claim or demands on account of any property damage or any injury to, or an illness or the death of, the undersigned or such participating children (or any person who may contract COVID-19, directly or indirectly, from the undersigned or such participating children) *whether caused by the negligence, active or passive, of the Organization or otherwise while the undersigned or such participating children are in, upon, or about the premises or any facilities or using any equipment of or participating in any program of or affiliated with the Organization.*

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY, DEFEND AND HOLD HARMLESS the Organization or its governing body organization, or any of their respective directors, officers, employees, volunteers and agents, and each of them, from any loss, liability, damages or costs they may incur, *whether caused by the Organization's negligence, active or passive, or otherwise while the undersigned or any participating child is participating in any program of the Organization or in, upon, or about the premises or any facilities or equipment affiliated with the Organization.* The undersigned understands and agrees that the Organization is not required to provide insurance to cover the undersigned or such participating children in the event they suffer illness, injury, death, property loss, theft or damage of any sort upon, or about the premises or any facilities or equipment therein or while participating in any program affiliated with the Organization.

The undersigned agrees and acknowledges that use of the Organization facilities and services, and participation in the Organization programs, may involve inherent danger and risk, including, without limitation, the risk of physical illness or injury, death or property damage. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR, AND RISK OF ILLNESS, BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such participating children due to negligence, active or passive, or otherwise while in, about or upon the premises of the Organization and/or while using the premises or any facilities or equipment thereon and/or while participating in or observing any program affiliated with the Organization. The undersigned acknowledges that any illness or injuries that the undersigned or such participating children contract or sustain may be compounded by negligent first aid or emergency response of the Releasees and waive any claim in respect thereof.

THE UNDERSIGNED further expressly agrees that the foregoing ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the laws of the State in which the undersigned resides or participates and that if any portion thereof is held invalid, it is agreed that the balance shall,

notwithstanding, continue in full legal force and effect.

I HAVE CAREFULLY READ AND VOLUNTARILY SIGN THIS ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE. I AM AWARE THAT BY AGREEING TO THIS AGREEMENT I AM GIVING UP VALUABLE LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES FROM THE ORGANIZATION IN CASE OF ILLNESS, INJURY, DEATH OR PROPERTY LOSS OR DAMAGE, INCLUDING, FOR THE AVOIDANCE OF DOUBT AND WITHOUT LIMITATION, EXPOSURE TO COVID-19 AT ANY ORGANIZATION FACILITY OR DURING PARTICIPATION IN ANY PROGRAM AND ANY ILLNESS, INJURY OR DEATH RESULTING THEREFROM. I UNDERSTAND THAT THIS DOCUMENT IS A PROMISE NOT TO SUE AND A RELEASE OF AND INDEMNIFICATION FOR ALL CLAIMS. IF SIGNING ON BEHALF OF MINOR: I ALSO UNDERSTAND THAT THIS AGREEMENT IS MADE ON BEHALF OF MY MINOR CHILD(REN) AND/OR LEGAL WARDS AND I REPRESENT AND WARRANT TO THE ORGANIZATION THAT I HAVE FULL AUTHORITY TO SIGN THIS AGREEMENT ON BEHALF OF SUCH MINOR(S).

I have read and understand the terms of this Assumption of Risk, Release and Waiver of Liability, and Indemnity Agreement and agree to its terms.

Signature

Date