

Winston – Salem Recreation & Parks After-School Registration 2021 - 2022

Recreation Center

- Georgia E. Taylor Hanes Hosiery Little Creek Miller Park
 Old Town Polo Park Sedge Garden Sprague Street
 William C. Sims, Sr. William R. Anderson, Jr.

Participant Information

Name: _____ Age: _____ Birthday: _____

Address: _____

City: _____ Zip: _____

Phone #: _____ Email: _____

Is your child allergic to anything? No Yes If yes please list: _____

Does the participant have a one on one worker that will attend? No Yes

Emergency Contact

Name: _____ Relationship _____ Phone #: _____

Name: _____ Relationship _____ Phone #: _____

Permission for Pick-Up (Must be older than 16 with ID)

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Liability Waiver: My child is participating in the indicated program and I release, absolve, clear, hold harmless and waive the responsibility of the City of Winston-Salem, Recreation and Parks Department, Staff and Volunteers of risks and hazards incidental to the implementation of this program.

Photo Waiver: By participating in this public program, the participant (parent/guardian) acknowledges and gives permission for his/her (child/dependent) image/likeness to appear in group photos used by WSRP in promotional material (printed and/or social media).

I have received and acknowledged the Out of School Parent Handbook policies: No Yes

Parent Name (Print) _____ Date _____

Parent Signature _____

Winston – Salem Recreation & Parks Medication Form

Participant Information

Name: _____ Age: _____ Birthday: _____

Address: _____

City: _____ Zip: _____

Phone #: _____ Email: _____

I understand that the Winston-Salem Recreation & Park's Department discourages the administration of medications at camps unless it is necessary for the health of the camper. No medication will be administered to a child without the written order of a licensed physician or dentist and permission of the parent/guardian. **Medication must be clearly labeled with child's name, dosage amount, and in original container.** No injections will be given except in extreme emergency (allergy to wasp, bee, etc.)

Parents/Guardians are strongly encouraged to administer medications at home before or after camp.

Parent Name (Print) _____ Date _____

Parent Signature _____

MUST BE COMPLETED BY PHYSICIAN

Child's Name: _____ Date of Birth: _____

Medication: _____ Begin/End Date: _____

Medication type: Tablet Capsule Liquid Ointment Inhalant Other: _____

Dosage: _____ Time of Day: _____ Frequency: _____

Precautions/Side Effects/Comments: _____

Physician Signature

Date

Phone Number