



Doris L. Morrow Academy

After School Program Application Form

Student Information (please print)

Student's Name (Last Name, First Name) _____ Age _____

Address: _____ City _____ Zip _____

Home Phone: _____ Date of Birth: ____/____/____

School: _____ Grade: _____

Parent/Guardian: _____ Legal Custody: yes no

Address: _____ City _____ Zip _____

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

Email Address: _____

Parent/Guardian: _____ Legal Custody: yes no

Address: _____ City _____ Zip _____

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

Email Address: _____

Authorized Pick-Up and Emergency Contact List

Only people listed on the authorized pick-up list will be allowed to sign your child out of the After School Program. Any changes must be made IN PERSON. In case of emergency, Parents/Guardians will be contacted first. If Parents/Guardians cannot be reached, we will then call the people below in the order listed.

• Name _____ Relationship: _____ Phone: () _____

• Name _____ Relationship: _____ Phone: () _____ •

Name _____ Relationship: _____ Phone: () _____

• Name _____ Relationship: _____ Phone: () _____

• Name _____ Relationship: _____ Phone: () _____

I give permission for my child to sign himself/herself in or out on the attendance sheet for the program. Initials _____

PLEASE CHECK IF THE CHILD HAS HAD ANY OF THE FOLLOWING: Chicken Pox Mumps Frequent Colds
Nose Bleeds Appendicitis Tetanus_Mumps Measles Sinus Trouble Headaches Skin Rash Constipation Diphtheria_German Measles
German Measles Ear Infection Rheumatic Fever Hay Fever Diphtheria Whooping Cough_Hepatitis Tonsillitis Fainting Scarlet
Fever Heart Trouble Asthma Polio

YEAR OF LAST IMMUNIZATION OR BOOSTER: Tetanus _____ Mumps _____
Diphtheria _____ German Measles _____
Whooping Cough _____ Hepatitis _____ Polio _____

Allergies: _____

Medications: Reason: _____

Medical Conditions: _____

WAIVER RELEASE

AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE, WAIVER AND RELEASE OF CLAIMS AND AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FOR MINOR CHILD

I the parent am granting the below named minor child ("Minor") the opportunity to participate in the Doris L. Morrow Academy After School Program ("Program"), I, (print name)

_____, the undersigned, as parent or legal guardian of the Minor, do hereby agree as follows:

- **I am aware that there are certain risks of injury and/or damage inherent in the Program activities.**
- **I understand that if my child misbehaves and/or is sick and needs to be sent home, I agree to pick her/him up at the time requested by staff.**
- **I agree to complete the health history form** providing Minor's current, complete and truthful health history, including immunization history and overall physical, mental and emotional health status. Under certain medical conditions, I understand that Doris L. Morrow Academy may require a written authorization based on a physical examination by a licensed medical person as a requirement for the Minor to participate in the Program.
- **I confirm to the best of my knowledge and belief,** Minor is not subject to a physical or mental infirmity nor under the influence of any medication or other substance which might hinder his/her safe participation in the program.
- **I will instruct Minor to abide by all safety regulations** and to take reasonable precautions to

minimize the risks of injury or damage arising from participation in the Program.

- **I give my consent to have Minor participate in all aspects of the Program** and I knowingly assume full responsibility for all risks of bodily injury, death or property damage which Minor may sustain as a result.
- **I give my consent to have the Minor transported** by car, van, chartered bus, chartered school bus and /or public transportation, or walking as part of the Program.
- **I understand that the City has no obligation to obtain medical treatment for Minor.** Should it be necessary for Minor to have emergency medical care while participating in the Program, I hereby give the City personnel my permission to use their judgment in obtaining medical care, and;
- **I give permission to the medical care provider** selected by the City personnel to render medical care deemed necessary and appropriate.
- **I also authorize the City to make, procure or use photographs,** films, tapes or other likenesses of Minor's physical image and/or voice as may be needed for use with Program's publicity materials.
- **Except for the gross negligence or willful misconduct of the City,** I waive all rights of recovery which Minor or I may have now or in the future, whether known or unknown, against the City of Los Angeles or its officers, agencies or employees, and I release, acquit and forever discharge the City from any and all liability for any bodily injury or other personal injury, damage, loss or expense, claims, demands, causes of action, money damages, costs, loss of services or use, compensation, debts, including attorney fees, which result from or are in any way connected with Minor's participation in the Program or any related activities.
- **I have carefully read this agreement.** I understand what it means and my signature below is my own free act. I intend it to be legally binding on Minor and myself. I also acknowledge that I have received the After School Parent letter and agree to the terms and policies described therein.
- **Important:** Parent or Guardian's signature required:

Parent's Signature _____ Date: _____

Parent's Name (please print) _____ Tel: () _____

Student's Name _____

Participant Name _____

AFTER SCHOOL PAYMENT LEDGER

-FOR OFFICE USE ONLY

Registration Fee: _____ Security Deposit _____ Materials Fee _____

AFTER SCHOOL PARENTS INFORMATION GUIDE –For Parents

Initials

_____ I understand there is no pro-rating. Monthly fee is set, fee will not be adjusted based on attendance or amount of days in the month with the exception of August and June.

_____ I understand there will be stable cohorts for the safety of the children and staff due to COVID restrictions and protocols. (No switching of cohorts at any time.)

_____ I understand the fee for the After School Club is due one business day before the 1st of every month.

_____ I understand to call the Downey Recreation Center office by 1pm if your child(ren) is absent and/or does not need to be picked up.

_____ I understand that I must pick up my child(ren) from the After School Club by 6:00 pm.

_____ I understand that if I pick up my child(ren) after 6:05pm, a \$1 late fee after every minute after 6:05pm.

_____ I understand that your child must re-register in our program for each new school calendar year.

_____ I understand, if any information on this application changes, please let the office know so that we can make the proper adjustments.

_____ I understand your child(ren) can be suspended from the After-School program due to conduct, behavior, and attitude.

Parent Signature _____

Date: _____

Participant Name _____

COVID-19 Acceptance of Risk and Waiver of Liability

By my participation I am fully aware that there are a number of risks associated with me and/or my child entering onto the property of Doris L. Morrow Academy, participating in programs, and utilizing equipment and facilities during the COVID-19 pandemic.

Therefore, without limitation, I understand that I and/or my child could contract COVID-19 disease which could result in a serious medical condition requiring medical treatment in a hospital or could possibly lead to death.

On behalf of myself and/or my child and our heirs, successors and assigns, I knowingly and freely, assume all such COVID 19 related risks, both known and unknown, relating to my and/or my child's entry onto DLMA property, participation in DLMA programs, and utilization of DLMA equipment and facilities as described above, and I hereby forever release, waive, relinquish, and discharge DLMA, along with its officers, agents, employees, or other representatives, and their successors and assigns, from any and all COVID-19 related claims, demands, liabilities, rights, damages, expenses, and causes of action of whatever kind or nature, and other losses of any kind, whether known or unknown, foreseen or unforeseen, (collectively, "**Damages**") as a result of me and/or my child entering onto DLMA property, participating in DLMA programs, and utilizing DLMA equipment and facilities as described above, including but not limited to personal injuries, death, disease or property losses, or any other loss, and including but not limited to claims based on the alleged negligence of any DLMA Representative or any other person related to COVID-19 sanitization. I further promise not to sue DLMA, and agree to indemnify and hold them harmless from any and all Damages resulting from me and/or my child's contraction of COVID-19.

Parent/Guardian Initials: _____

Participant Name: _____

AUTHORIZATION TO PARTICIPATE

My child, a minor, has my permission to participate in all the activities. I understand that certain activities by nature have an increased risk of injury, including death, despite extensive measures taken by staff to provide a safe environment and ensure the safety of my child. I understand the nature of games and sports activities and I am aware of the minor's experience and capabilities and believe my child to be qualified, in good health and in proper physical and emotional condition to participate in such activities. I agree to relieve Doris L. Morrow Academy City and employees from any injury to my child in connection with this program. I further understand that Doris L. Morrow Academy **CARRIES NO INSURANCE.**

Parent/Guardian Initials: _____

CONSENT TO TREATMENT OF A MINOR I, as the parent and /or legal guardian of the minor participating in this program, do hereby authorize Doris L. Morrow Academy to act as agents for the undersigned to consent for any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specialized supervision of any physician licensed under the provisions of the Medicine Practice Act on the staff of the licensed hospital, whether such diagnosis or treatment is rendered at the office of the said physician or a said hospital. It is understood that this authorization is given in advance of any such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of their best judgment, may deem advisable. This authorization shall remain effective through the conclusion of the event or program that the minor is participating in, unless revoked sooner in writing and delivered to said agent.

Parent/Guardian Initials: _____

Participant Name : _____

GENERAL POLICIES

- 1. Program participants must be picked up by 6:00 pm late fees will be charged after 6:15 pm.**
- 2. Registration is on a first come first serve basis as there are limited spaces available.**
- 3. No Refunds unless the program is cancelled. There are no credits or make-up days for missed days.**
- 4. DRESS CODE/FACE COVERINGS: Face coverings must be worn by all participants when required by CDC or Los Angeles County.**
- 5. PHOTO RELEASE: By registering, you authorize Doris L. Morrow Academy to make, procure or use photographs, films, tapes or other likenesses of Minor's physical image and/or voice as may be needed for use with Program's publicity materials.**
- 6. The facility is NOT responsible for lost or stolen articles.**

I acknowledge that I have read and understand all of the policies as listed on this application. By my child's participation I agree to follow and abide by these rules.

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