



# AFTER SCHOOL PROGRAM

*Are you ready for After School FUN??*

**WHO:** *Children who are currently enrolled in Pre-K through 6th grade.*

**WHAT:** *An after school program focused on providing safe, fun games and activities, homework assistance and nutrition literacy. Meal & Snack available to enrolled children.*

**WHEN:** *Mon-Fri 3:00 pm - 6:00 pm August 16 — December 17*

**WHERE:** *Donald W. Reynolds Recreation Center in Wacker Park*

**COST:** *\$45 per month per child in August, November & December  
\$60 per month per child in September & October*



**To Register, fill out form and return to the  
Donald W Reynolds Recreation Center**

*1005 N Willow Pauls Valley, OK 73075*

*For more information call 405-238-1307*

**"This institution is an equal opportunity provider"**





# AFTER SCHOOL REGISTRATION

<b>Child's Name:</b> Please Print			
<b>Date of Birth:</b> ___/___/___	Male <input type="checkbox"/>	Female <input type="checkbox"/>	<b>2021 ACTIVITY CODES &amp; SECTIONS:</b> Aug 16-Sept. 3      321621.G1    \$45 (3 weeks) Sept 7-Oct 1        321621.S1    \$60 (4 weeks) Oct 4-29             32161.O1     \$60 (4 weeks) Nov 1-19             32161.N1     \$45 (3 weeks) Nov 29-Dec 17      32161.D1     \$45 (3 weeks)
<b>Age:</b>	<b>Grade:</b>	<b>School:</b>	
<b>Parent/Guardian Name:</b> Please Print (Required)			
<b>Address:</b>	<b>City:</b>	<b>Zip Code:</b>	
<b>Primary phone:</b>	<b>Cell:</b>		
<b>Emergency contact name &amp; number:</b>			

### Liability, Medical and Emergency Treatment Waiver and Release of Liability

The following is a WAIVER AND RELEASE OF LIABILITY which releases The City of Pauls Valley Parks & Recreation Department and it's affiliates, associates, officers, employees, agents, servants, directors, volunteers, representatives, sponsors and any others (hereinafter Releasees) who may or could be liable for any claims, losses, liability, fault, damage, injury to person or property, medical bills or any other loss or claim which the undersigned have or could have as a result of any alleged incident, claim, negligence, act and/or omission of any kind or character. The undersigned forever discharges, releases and holds harmless The City of Pauls Valley, it's affiliates, associates, officers, employees, agents, servants, directors, volunteers, representatives and sponsors from any allegations of any kind, including, but not limited to, negligence, breach of duty of claims in regard to the undersigned and any and all persons who the undersigned represent regarding attendance at any After School Program or activity. The undersigned agrees to hold harmless, indemnify and defend Releasees from claim, damage, injury, loss or suit, including any claims by third parties and agree to indemnify Releasees for any loss or liability arising out of any After School Program or activity, even if the After School Program, it's agents, servants, employers are negligent or alleged to be negligent. I likewise release from responsibility any person transporting my child to, from, and during the scheduled activities. I release the right to all photographic material that the City of Pauls Valley Parks and Recreation Department might use for promotional activities without obligation to my family or me.

### Authorization for Medical/Emergency Treatment

I hereby authorize any physician, surgeon or dentist, or nearest emergency medical center to administer any emergency treatment, procedure or medicine necessary or advisable when accompanied by an adult. I further authorize my child to be given first aid and if necessary to be transported to the emergency room (or nearest emergency medical center). I/We also authorize officials at The City of Pauls Valley Parks and Recreation Department to secure the use of an ambulance, if necessary, for transporting my child to the hospital and/or to administer first aid treatment as necessary. I/We request that this authorization remain in force as long as my child is engaged in any activity relating to the After School Program unless notified in writing of any change by me.

I/We fully understand and agree to all of the conditions stated on the form.

PRINT Parent/Guardian Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

ALLERGIES  NONE  YES: IF YES PLEASE LIST CHILD'S ALLERGIES: \_\_\_\_\_

**Circle if your child will be transported from :**

PAULS VALLEY ELEMENTARY SCHOOL

LEE SCHOOL

WHITEBEAD SCHOOL

**ALL CHILDREN MUST BE SIGNED OUT AND PICKED UP BY A PARENT OR GUARDIAN**

**BUSES ARE ONLY AVAILABLE TO BRING CHILDREN TO THE  
RECREATION CENTER AFTER SCHOOL**