STUDENT INFORMATION Today's Date: _____

Student Name: _____ **Date of Birth:** _____

Gender: Male / Female * Student Grade: ____ * **Student School:** _____ * **Age:**_____

PARENT/GUARDIAN INFORMATION

*_____ _____

Mother/Guardian Name Cell Phone# Home Phone#

*_____

E-mail: Employer Work Phone#

_____

Address: City, State Zip

*_____ _____

Father/Guardian Name: Cell Phone:# Home Phone#

*_____

E-mail Employer: Work Phone#

_____

Address: City, State Zip

Emergency Contact/Authorized Pick-up Information (in addition to names listed above)

Name_____ Relationship_____ Phone _____

Name_____ Relationship_____ Phone _____

Name_____ Relationship_____ Phone_____

Name_____ Relationship_____ Phone _____

*Please list anyone **NOT** allowed to pickup student: _____

*Court Orders: _____Yes _____No.

LIABILITY INFORMATION

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

CONSENT FOR MEDICAL TREATMENT- As the parent or legal guardian of the above named child. I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

RELEASE OF LIABILITY - In consideration of their child being permitted to participate in any event or activity sponsored, promoted, or organized by the City of Hammond Recreation Department, the undersigned for himself or herself, personal representatives, heirs, assigns, relatives, and minor child HEREBY RELEASES, the City of Hammond and its respective insurers, officers, officials, sponsors, employees and their agents, hereafter referred to as RELEASES, of any and all liability to the minor child, whether the child is for any purpose participating in such event or activity. It is fully understood by each of the undersigned that there is some inherent risk associated with the activity, including damages to property and personal injury. IN ADDITION, the undersigned AGREES TO INDEMNIFY AND HOLD HARMLESS the Releases of any loss, liability damage, or cost they incur due to such participation by the child, whether caused by Releases' negligent act or omission, acts or omissions of other participants, other persons or otherwise while the minor is participating in any event or activity organized or sponsored by the City of Hammond.

In signing this release, I hereby acknowledge and represents to the City of Hammond the following:

1. That he/she has read the foregoing Release and Waiver of Liability and Indemnity Agreement and fully understands its contents.
2. That his/her minor child participating in the event or activity are in good health, physically fit and physically able to participate in the activity.

IMAGE CONSENT/RELEASE - I hereby give permission for images of myself and the child for whom I am guardian that are captured during the City of Hammond Recreation Department activities or events through video, photo and digital camera to be used for purposes of documentation, promotion, and publicity of the program and its associated activities and waive any rights of compensation or ownership thereto. As such, I relieve and hereby agree to hold the City of Hammond, City of Hammond Recreation Department, affiliated organizations and sponsors or partners of the City of Hammond Recreation Department free and harmless from any and all liability arising out of interviews, footage, or photography and subsequent publication or broadcast, I understand that the recording/interviews/photography are being carried out with my consent and so I assume full responsibility.

By submitting this registration form, you understand and agree to all registration policies.

The City of Hammond Recreation Department does not discriminate based on race, creed, color, religion or national origin. The City of Hammond Recreation Department reserves the right at its sole discretion to refuse an applicant or dismiss a child from the program. No refund will be made if the child has attended any portion of the program period. By signing above, I understand and accept these guidelines.

AFTER SCHOOL HEALTH HISTORY FORM

Child's Name: _____

***Please list any medications your child is currently taking: including the dose, and times. (Additional medication release form may be required):**

_____

_____

***Please list all known allergies:**

_____

***Please list any serious injuries:**

_____

***Please describe any disability, chronic or reoccurring illness:**

_____

***Please list any activities not encouraged or limited by a physician:**

_____

***Please describe any dietary restrictions, modifications or considerations:**

_____

***Name of Physician and Phone:**

_____

***Hospital Preference and Phone:**

_____

NOTE:

We are not allowed to administer medications. Nor do we have staff for "One-on-One" care.

This health history is correct, to the best of my knowledge and the person herein described has permission to engage in all prescribed program activities except as noted. I hereby give permission to the medical personnel selected by the Program Director to order routine tests, x-rays, treatment and necessary transportation for the individual named above. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Program's Director to secure and administer treatment, including, hospitalization, for my child named above.

_____ _____

***Parent/Guardian** ***Signature Date**

IMPORTANT INFORMATION

PROGRAM INFORMATION

Program Begins: September 14, 2026
Program Ends: May 13, 2027
Monday-Thursday @ 3:00pm - 5:30pm

Registration is open to:

1st - 8th Graders

Homework help, educational games and fun activities will be offered.

Please call (985) 277-5903 if interested.

TRANSPORTATION

Daily bus transportation will be provided by Tangipahoa Parish School System for students in the Hammond schools district with an **approved** "**Transportation Special Request**"

Parents are **responsible** for picking up children by **5:30pm** unless the children are riding the bus home.

Students are not allowed to walk to or walk from the Kenney Recreation Center.

All students must be dropped off either by bus or parent/guardians.

***Please complete the "Transportation Special Request Form" and return it with this application.**

Office use Only

Fee Paid: _____ **Date Received :** _____

Type of Payment: _____

Rec'd By: _____

REGISTRATION FEES

- **FREE**
- **Spaces are limited per grade group.**

SNACK

- Snacks are served daily upon **Arrival.**
- This is a **Nut Free Zone**.
- Students may bring their own snacks.

ENROLLMENT AGREEMENT

I understand that I **must sign** my child out of the program daily, and I must provide a valid picture identification in order to do so.

Any other authorized persons sent to pick up my child must be **listed** on the child's application and must also be able to furnish a **picture identification**.

I understand that my child must be picked up daily by 5:30pm. Multiple late pick-ups may result in termination from the program.

A late fee of $1 per minute will be charged after 5:30pm on Monday-Thursday.

_____

***Parent/Guardian**

_____

***Signature**

_____

***Date**