



CEDARLAND FIT 'N FUN AFTER SCHOOL PROGRAM ENROLLMENT FORM

Please Print Clearly. Complete One Application Per Child

CHILD'S INFORMATION:

Child's Name: _____ Gender: _____ Hair Color: _____
 Home Address: _____ Eye Color: _____ Skin Color: _____
 City: _____ State: _____ Zip: _____ Weight: _____ Height: _____
 Date of Birth: _____ Age September 2019: _____ Grade September 2019: _____
 Date of Admission: _____ Primary Language: _____
 Identifying Marks: _____
 Parent Email(s): _____

Please circle which day(s) your child will be attending (minimum 2 days):

All 5 days Mon Tues Wed Thurs Fri

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____	Parent/Guardian Name: _____
Relation to child: _____	Relation to child: _____
Home Address: _____	Home Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Home Phone #: _____	Home Phone #: _____
Cell Phone #: _____	Cell Phone #: _____
Work Name: _____	Work Name: _____
Work Phone #: _____	Work Phone #: _____

ADDITIONAL INFORMATION:

Child's Physician/Clinic: _____
 Address: _____ Phone #: _____
Allergies/Special Diets: _____
 Chronic Health Conditions: _____
 Special Limitations/Concerns: _____
 Medications: _____
 Current School: _____ School Address: _____

-Cedarland Fit 'N Fun After School Program reserves the right to use photos taken during the program for promotional purposes. If you wish that your child's photo not be used you must give a written request to a program administrator.
 -I certify that documentation of physical examinations and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child's school.
 - I allow my child to use the on-site pools located at Cedarland & Cedardale.
 - I acknowledge that the parent handbook is available on the Cedarland website for my review.

Parent/Guardian Signature

Date



**CEDARLAND FIT 'N FUN AFTER SCHOOL PROGRAM
TRANSPORTATION PLAN AND AUTHORIZATION**

****Please Print Clearly. Complete One Application Per Child****

Child's Name: _____

My child will arrive at the program by:

- _____ School Bus Drop Off (Coppola Bus Company)
- _____ Parent Drop Off
- _____ Supervised Walk (WHO _____)
- _____ Other (DESCRIBE _____)

Estimated Time of Arrival: _____

My child will depart the program by:

- _____ Parent Pick Up
- _____ Supervised Walk (WHO _____)
- _____ Other (DESCRIBE _____)

I give permission for my child to be released from the program at the end of the day as stated above and/or I give my permission for the following people to receive my child at the end of the day. **(If no one is authorized, please indicate by writing "NO ONE")**

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

ANY OTHER TRANSPORTATION REQUESTS MUST BE STATED IN WRITING AND MAINTAINED IN THE CHILD'S RECORDS. THIS PERMISSION IS VALID FOR ONE PROGRAM YEAR.

- I hereby grant permission for my child to be transported by Cedarland, and the Haverhill Public School System and the contracted providers chosen by them.
 - I authorize Cedarland to transport my child in the event of an emergency.
 - Supervised walking excursion in and around the surrounding property/buildings of Cedarland will also be permitted.

Parent/Guardian Signature

Date



**CEDARLAND FIT 'N FUN AFTER SCHOOL PROGRAM
FIRST AID AND EMERGENCY MEDICAL CARE
CONSENT FORM**

Please Print Clearly. Complete One Application Per Child

Child's Name: _____

Child's Physician Name: _____

Address: _____

Phone #: _____

Child's Allergies: _____

Chronic Health Conditions: _____

Child's Medications: _____

Emergency Contacts (In Order to be Contacted):

1. Name _____ Address: _____

Relationship to Child: _____ Phone #: _____ Cell #: _____

Do you give permission for your child to be released to this person (circle one)? Yes No

2. Name _____ Address: _____

Relationship to Child: _____ Phone #: _____ Cell #: _____

Do you give permission for your child to be released to this person (circle one)? Yes No

3. Name _____ Address: _____

Relationship to Child: _____ Phone #: _____ Cell #: _____

Do you give permission for your child to be released to this person (circle one)? Yes No

Health Insurance Coverage:	Policy #:
Parent(s) Name: Phone(w)	Phone(h)
Parent(s) Name: Phone(w)	Phone(h)

- I authorize staff in the Cedarland Fit 'n Fun After School Program who are trained in the basics of First Aid/CPR to give First Aid/CPR when appropriate.

- I authorize the Cedarland Fit 'n Fun After School Program to administer topical ointments and sprays (Cutter bug spray, and Banana Boat sunscreen) as described in the 'Parent Handbook'.

- I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility or to my preferred medical facility _____, and to secure necessary medical treatment for my child.

Parent/Guardian Signature

Date



CEDARLAND FIT 'N FUN AFTER SCHOOL PROGRAM CEDARLAND WAIVER

Please Print Clearly. All information must be filled out COMPLETELY

ATTENTION PARTICIPANTS, PARENTS AND ADULT SUPERVISORS:

THE MANAGEMENT OF CEDARDALE, INC. REQUIRES THIS WAIVER BE READ, UNDERSTOOD AND SIGNED BEFORE USING THE BATTING CAGES, SKYWALK ROPES COURSE AND CLIMBING WALL.

PLEASE NOTE THAT THESE ACTIVITIES ARE NOT HEALTHY OR SAFE FOR EVERYONE AND CAN BE QUITE DANGEROUS AND CAUSE SERIOUS INJURY OR DEATH. THESE ACTIVITIES ARE NOT INTENDED AS AMUSEMENTS AND REQUIRE PARTICIPANTS HAVE BASIC ATHLETIC SKILLS, STRENGTH AND EXPERIENCE IN SIMILAR ACTIVITIES.

THIS DOCUMENT IS INTENDED TO WAIVE THE RIGHTS OF PARTICIPANTS TO MAKE CLAIMS AGAINST CEDARDALE, INC. BY INDIVIDUALS INJURED WHILE USING THE BATTING CAGES, SKYWALK ROPES COURSE AND THE CLIMBING WALL.

LIKE SWIMMING POOLS, RECREATIONAL ATHLETIC ACTIVITIES CAN HAVE THE POTENTIAL TO CAUSE SERIOUS INJURY OR DEATH. THE MANAGEMENT OF CEDARDALE, INC. REQUIRES PARTICIPANTS USING THE BATTING CAGES, SKYWALK ROPES COURSE AND CLIMBING WALL READ, UNDERSTAND AND FOLLOW THE INSTRUCTIONS AND RULES WHILE ENGAGED IN THESE ACTIVITIES.

WAIVER OF LIABILITY & ASSUMPTION OF RISK AGREEMENT

By signing this waiver of liability and assumption of risk agreement, the participant named below elects to use the Batting Cages, Skywalk Ropes Course and Climbing Wall of Cedardale, Inc. at 880 Boston Road, Ward Hill, Massachusetts and acknowledges and accepts the risks inherent in the use of the equipment, service, and various apparatus associated with said activities. The participant voluntarily and expressly assumes the risk of injury, accident or death to his or her person and damage to his or her property which might arise from engaging in these activities the use of the equipment. The participant releases Cedardale, Inc. its directors, officers, shareholders, representatives, agents, and employees from all claims, liabilities, losses, costs and causes of action that may arise out of the use of the Batting Cages, Skywalk Ropes Course and Climbing Wall.

The participant represents and attests that he or she is 18 years of age, of sound mind and good health and able to undertake in the physical activity required for use of the Batting Cages, Skywalk Ropes Course, or Climbing Wall. If the participant is a minor, the participants' parents or legal guardian must assent and sign this release on behalf of the participant and assist in the supervision of participants.

Batting Cages: The management of Cedardale, Inc. advises that injuries to batting cage participants have occurred. Batting cages have developed into batting practice devices used to improve athletic skills associated with the sports of baseball and softball. The ball speed pitches can cause serious injury and batters who do not possess significant skills should not enter batting cages marked "fast speed". In the interest of avoiding personal injuries, the use of the batting cages shall be limited to those individuals who acknowledge the basic risks of using the batting cages and sign the required waiver. For those batters who are not over eighteen years of age, and who are not supervised by a baseball or softball coach, a parent, or a legal guardian must sign the waiver.

SkyWalk Ropes Course: The management of Cedardale advises that injuries to the SkyWalk Ropes Course participants could occur. There are dangers involved with the use of the SkyWalk Ropes Course. In the interest of avoiding personal injuries, the use of the SkyWalk Ropes Course shall be limited to those individuals who acknowledge the basic risks of using the SkyWalk Ropes Course and sign the required waiver. For those climbers who are not over eighteen years of age, a parent or legal guardian must sign the waiver.

Climbing Wall: The management of Cedardale advises that injuries to climbing wall participants could occur. There are dangers involved with the use of the climbing wall. In the interest of avoiding personal injuries, the use of the climbing wall shall be limited to those individuals who acknowledge the basic risk of using the climbing wall and sign the required waiver. For those climbers who are not over eighteen years of age, and who are not supervised by a climbing coach, a parent or legal guardian must sign the waiver.

Date: _____

Please print the name of the participant(s): _____

Please sign: _____

Please circle status: Participant Parent Legal Guardian

If a parent or legal guardian please print name: _____

