



NYC Parks

**Child/Minor Information**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Age: \_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_ How does your child identify? \_\_\_Female \_\_\_Male \_\_\_Non-Binary Other \_\_\_\_\_

ACS #: \_\_\_\_\_ Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Child Cell #: \_\_\_\_\_

School Name: \_\_\_\_\_ School Address: \_\_\_\_\_

School Phone #: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Siblings Attending Program: \_\_\_\_\_

Does your child have health insurance?  YES,  NO Health Insurance Provider: \_\_\_\_\_

Does your child have or take any of the following? If so, please list them below:

Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_

Asthma:  YES  NO

If yes, will your child use an inhaler and/or medication during Afterschool?  YES  NO

Medical Issues: \_\_\_\_\_

Race / Ethnicity:

- African-American
- Asian-American / Pacific Islander
- Caucasian / White
- Spanish / Hispanic / Latino
- American-Indian
- Mixed Heritage
- Other \_\_\_\_\_

**Parent / Legal Guardian 1 Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone #: \_\_\_\_\_ Night Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Parent / Legal Guardian 2 Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone #: \_\_\_\_\_ Night Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_



NYC Parks

**Participant Agreement, Agreement to Indemnify, & Risk Acknowledgment**

In consideration of the services of the City of New York, acting through the New York City Department of Parks & Recreation (“NYC Parks”), as well as their agents, officers, participants, consultants, employees, and all persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as “THE CITY”), I now agree to release & discharge THE CITY on behalf of myself, my children, my parents, my heirs, assigns, personal representatives, and estate as follow:

- 1. I acknowledge the activities of this program (“Afterschool Program” or “Program”) entail known & unanticipated risks, which could result in physical or emotional injury, paralysis, death, or damage to my child, to property or to third parties. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the program activities. In an effort to minimize those risks I agree to follow all safety requirements and make use of any safety equipment provided.

**THE RISKS INCLUDE, BUT ARE NOT LIMITED TO:**

- A. Nature of the activities.
  - B. Latent or apparent defects or conditions in equipment or property supplied by THE CITY or other persons or entity.
  - C. Use of property or equipment supplied by THE CITY or other persons or entities by my child or others.
  - D. Acts of other participants in this Program, employees, or agents of THE CITY.
  - E. My child’s own physical condition, or own acts or omissions.
  - F. Conditions of THE CITY’s facility & surrounding grounds or terrain and accidents connected with their use.
  - G. First Aid emergency treatment or other services.
- 2. I expressly agree and promise to accept and assume all the risks existing in this Program, on behalf of myself and my child. My child’s participating in this Program is purely voluntary and I elect to allow my child to participate in spite of the risks.
  - 3. Both my child and I agree that when she/he/they is participating in the Program, that she/he/they will cooperate promptly and fully with all directions of NYC Parks’ personnel. We also agree that she/he/they will follow all of NYC Parks’ Rules and Regulations, and all applicable City of New York, New York State, and federal laws, rules, and regulations. We understand that her/his/their failure to behave appropriately may result in termination from the Program.

**A. AFTERSCHOOL RULES AND REGULATIONS:**

**I. Participation**

Children shall:

- a) Adhere to all Recreation Center and Afterschool Rules and Regulations.
- b) Attend the Afterschool Program on a regular basis.
- c) Adhere to all guidance and direction given by Recreation Center and Afterschool staff.
- d) Participate in mandatory daily health checks, including but not limited to a questionnaire, conducted by Afterschool staff.
- e) Perform hand hygiene immediately upon entering the Recreation Center or Afterschool Program.
- f) Perform hand hygiene upon arrival to Afterschool Program, to the first Program activity, between all Program activities, after using the restroom, before eating, and before departing the last Program activity.
- g) Not bring toys and electronic devices from home unless requested by staff for programming purposes.
- h) Respect all children and staff in the Afterschool Program.
- i) Respect property of the Afterschool Program and Recreation Center facilities.
- j) Immediately notify a Recreation Center or Afterschool staff member regarding any issues involving safety or compliance with these rules.
- k) Leave the building at dismissal. Wait quietly in the lobby if waiting for an escort.
- l) Walk safely in the building and speak in an appropriate tone and volume.



NYC Parks

As a NYC Parks Afterschool participant, I shall:

- a) Use only polite, kind words.
- b) Always listen to and respect the Recreation and Afterschool staff.
- c) Treat all equipment and supplies with proper care and respect.
- d) Respect others and their property.
- e) Always keep my hands and feet to myself.
- f) Always ask permission before leaving the Afterschool area.
- g) Not fight, bully, or tease others.
- h) Follow the Afterschool schedule.
- i) Not chew gum or eat candy.
- j) Always resist peer pressure.
- k) Take responsibilities for my actions.
- l) Always resolve conflict nonviolently.
- m) Respect other people’s cultural/racial/ethnic background.
- n) Always help others when they need help.
- o) Always tell the truth.
- p) Always clean up after myself.
- q) Be proud of who I am.
- r) Report any and all issues to Recreation and Afterschool staff immediately.

Parent/Legal Guardian Name: \_\_\_\_\_ Relationship to Child/Minor: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child/Minor Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**II. Attendance**

I understand that NYC Parks’ Afterschool Programs operate from September through June from Monday through Friday between the hours of 3:00 p.m. and 6:00 p.m. Each Program’s daily schedule is determined by the Afterschool Coordinator and is posted in the facility. Afterschool Programs include education and recreational activities that necessitate continuous participation. Due to the demand for registered spots in these programs, consistent attendance is required. The following attendance rules and regulations apply to all structured NYC Parks’ Programs:

- a) Provide a copy of your child’s academic learning schedule with this application.
- b) If a child is going to be absent from the Afterschool Program, the parent or legal guardian must call and inform a staff member immediately.
- c) If a child is absent for three consecutive days without notifying the Afterschool Program staff, a staff member will call to check in and will reserve a spot for another child in that program if there is a waiting list.
- d) If a child is absent for six consecutive days without explanation, staff will assume the parent or legal guardian no longer wants the child to be a part of the program and will give the spot to a child on the waiting list. The parent or legal guardian will be notified.
- e) If a child is going to be picked up early or needs to leave early, the parent or legal guardian must notify the center immediately.

**III. Arrival and Dismissal**

- a) Prior to arrival, screen your child’s health daily. NYC Parks’ staff will screen your child’s health if not done so prior to arrival at the facility. Participants must pass the health checks, daily, to be admitted to the facility. Parents/Legal guardians agree to their child participating in mandatory daily health checks conducted by Afterschool staff.



NYC Parks

- b) Afterschool staff will perform random health checks of children in the program, including, but not limited to, a questionnaire and/or temperature checks. Parents/Legal guardians agree to the random health checks of their child conducted by Afterschool staff.
- c) Parents/Legal guardians and designated individuals will not be granted access to the facility. Sign in and out practices will occur outside of the facility. Parents/Legal guardians and designated individuals must practice social distancing and face covering rules.
- d) Children registered in the Afterschool Program must be signed in and out by a parent/legal guardian or designated individual indicated in the registration package when arriving and leaving the recreation center.
- e) Designated individuals may be asked to show identification upon picking up the child. The child will not be permitted to leave the center with anyone who is not indicated as a parent/legal guardian or designated individuals in the registration packet and without proper advanced notification. The Afterschool Coordinator must be notified by parents/legal guardians by telephone of any changes in the regular escort of the child.
- f) The parents/legal guardians must authorize if their child (usually only those in grade 4 or over) is allowed to sign herself/himself/themselves out at the end of the Afterschool Program day.
- g) Afterschool children cannot leave the center with an adult who is not designated by the parent/legal guardian. The parent/legal guardian must list this person as a designated individual in the Afterschool registration form.
- h) The Afterschool program operates from 3:00 p.m. - 6:00 p.m. The parent/legal guardian or designated individual must pick up the child no later than 6:00 p.m. Picking up the child late more than 3 times may result in suspension from the Program.

**IV. Behavior Management Plan**

Failure by the child and/or the parent/legal guardian to comply with NYC Parks’ Afterschool Rules and Regulations must be documented by staff and may result in disciplinary actions. Children may be alerted with warnings or time-outs, and/or discussions that involve the child, parent/legal guardian, and staff. Repeated failures to comply beyond such initial warnings may result in further disciplinary action, including suspension from the Program, where the child cannot participate in the Afterschool program for a certain period of time, to be determined by staff as appropriate. Two or more documented suspensions from the program may result in termination from the program, where the child may not continue to participate in the Afterschool Program for the duration of the year. Staff will document and consult with the parent/legal guardian in every instance of the child and/or the parent/legal guardian’s violations of the NYC Parks’ Afterschool Rules and Regulations and disciplinary procedures taken.

\_\_\_\_\_ (\*Parent/Legal Guardian Initials Required)

**V. Program Evaluation**

The Parks Afterschool Program staff and youth experiences will be assessed in an effort to continually improve the Program. Children may be asked to complete questionnaires about their experience at various times throughout the year. Their responses will be anonymous. Only group summary information may be used to provide feedback for program providers. Signing this form gives consent for your child to answer questions on such surveys.

\_\_\_\_\_ (\*Parent/Legal Guardian Initials Required)

**VI. Inspections**

Structured programs registered under the School Age Child Care (SACC) regulations may undergo routine inspections conducted by the Office of Child and Family Services (OCFS) of New York State. Staff are required to comply with the requests of such inspectors to provide documentation of the program and facility’s certifications to operate.

\_\_\_\_\_ (\*Parent/Legal Guardian Initials Required)



NYC Parks

**VII. Health Records**

*The parent/legal guardian must provide NYC Parks’ Afterschool staff with a current (on or after July 2024) Department of Health medical form for each child before admission to the Program and must update it on a yearly basis. Updated child medical forms are due no later than the first day of the Afterschool Program.*

\_\_\_\_\_ (\*Parent/Legal Guardian Initials Required)

**VIII. COVID-19**

**a. INDOOR PROGRAMMING**

- i. Wash your hands before attending a Program.
- ii. Stay home if you are sick.

**b. OUTDOOR PROGRAMMING**

- i. Wash your hands before attending a Program.
- ii. Stay home if you are sick.

**IX.** I understand that NYC Parks is required to notify the state and/or local health department immediately upon being informed of any case of a reportable condition listed as a communicable disease by an employee, parent/legal guardian, or child. Parents/Legal guardians of Afterschool participants must report any positive communicable diseases to NYC Parks and agree that NYC Parks will comply with health reporting, investigations, and other requirements of state and/or local health authorities.

Communicable disease include but are not limited to: Amebiasis, Chickenpox (Varicella), COVID-19, Coxsackie (Hand, Foot, Mouth Disease), Diarrheal Diseases, E.Coli, Food Poisoning, Haemophilus Influenzae Type-B, Hepatitis A (Infectious Hepatitis), Impetigo, Measles, Meningitis, Meningococcal Disease, Norovirus, Pediculosis (Head Lice), Pertussis (Whooping Cough), Pink Eye (Conjunctivitis), Ringworm, Rubella, Salmonellosis, Scabies, Shigellosis, Streptococcal-infections, Tetanus. Please see the complete list of Communicable Disease Chart for Child Care Providers Bureau of Child Care, available at <https://home.nyc.gov/assets/doh/downloads/pdf/dc/child-care-reporting-disease-requirements.pdf>.

The parent/legal guardian and the Afterschool participant must adhere to NYC Parks’ policies under guidance of the Communicable Disease Chart for Child Care Providers Bureau of Child Care in accordance with the Department of Health and Mental Hygiene.

**All guidance and procedures related to the spread of COVID-19, Communicable Diseases and or infections, including but not limited to vaccination requirements, health screening procedures, face covering and social distance requirements, are subject to change in compliance with local laws and NYC Parks policies.**

\_\_\_\_\_ (\*Parent/Legal Guardian Initials Required)

I HAVE READ AND UNDERSTAND THE RULES AND REGULATIONS AND DISCUSSED THEM WITH MY CHILD. MY SIGNATURE BELOW INDICATES CONSENT TO THESE REQUIREMENTS.

Parent/Legal Guardian Name: \_\_\_\_\_ Relationship to Child/Minor: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



NYC Parks

**ACTIVITIES AND PERMISSIONS**

I understand that the Afterschool Program consists of activities including but not limited to sports, recreation, fitness, wellness, enrichment, social development, and the arts (“Activities”). My child and I understand that my child is responsible for their own behavior and agree that they will only participate in the Activities that they feel comfortable doing.

1. I understand that off-site field trips can include museums, cultural institutions, parks, recreation centers, or Parks’ nature centers. I agree that my child may be transported to the field trips in NYC Parks’ vehicles, by subway, train or in a rented bus. YES\_\_\_ NO\_\_\_
2. I understand that sports activities offered at the Program include but are not limited to, street hockey, basketball, soccer, flag football. YES\_\_\_ NO\_\_\_
3. I represent that my child is physically fit and does not have a medical condition that would restrict her/him/them from participating in any type of physical activity. YES\_\_\_ NO\_\_\_
4. My child and I understand that my child is responsible for her/his/their own behavior and agree that she/he/they will only participate in activities that she/he/they feels comfortable doing. YES\_\_\_ NO\_\_\_
5. My child has the following physical conditions that Parks should be aware of (for example asthma, heart condition). \_\_\_\_\_
6. I give my child permission to participate in sports activities. YES\_\_\_ NO\_\_\_  
a. With the exception of \_\_\_\_\_.
7. I consent to the publication and use of my child’s name and/or my child’s likeness for the purpose of promotion, publicity, advertising, or other manner or media by THE CITY or any other representative authorized to act on behalf of the afore-mentioned entity. I agree that the actual material involved is and shall continue to be the property of THE CITY and that neither I, nor my child, shall have any right of review or approval regarding the use of my child’s name and/or likeness in such material. YES\_\_\_ NO\_\_\_
8. I understand and acknowledge that my child must be over the age of 8 years to walk home alone. I give my child permission to walk home alone at dismissal. YES\_\_\_ NO\_\_\_
9. I give permission for my child to be picked up by her/his/their legal guardians listed on the application and the designated individuals listed below.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Day  
Phone #: \_\_\_\_\_ Night Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Name:  
\_\_\_\_\_ Relationship: \_\_\_\_\_ Day Phone  
#: \_\_\_\_\_ Night Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Name:  
\_\_\_\_\_ Relationship: \_\_\_\_\_ Day Phone  
#: \_\_\_\_\_ Night Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

10. I understand by signing this waiver I give permission for my child to receive emergency first aid treatment /CPR by NYC Parks employees, agents, affiliates, sponsors, or other representatives. If my child falls ill, I understand that she/they/he will be separated from the group, isolated and I will be contacted for immediate pick up. If my child requires emergency medical care, I give my consent to NYC Parks to obtain the necessary medical care for my child which includes transportation by car or ambulance to an emergency center for treatment. I agree to pay all of the costs associated with the emergency medical care that my child receives. I understand that every effort will be made to contact me before and after medical care is provided. I understand that this consent will be in effect as of the date of my signing this form and will continue as long as my child is enrolled in NYC Parks Program.

In the event of emergency or following emergency medical care, if parents, legal guardians, and caretakers are unavailable, my child may be released to the following persons listed below.  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Day  
Phone #: \_\_\_\_\_ Night Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_



NYC Parks

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone #: \_\_\_\_\_ NightPhone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone #: \_\_\_\_\_ Night Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

- 11. I understand that THE CITY will not cover any medical expenses due to injury received through my child's participation in the Program.
- 12. I hereby voluntary release, forever discharge, and agree to indemnify and hold harmless THE CITY from any and all claims, demands or causes of action which are in any way connected with my or my child's participation in this Program or my child's use of THE CITY's equipment or facilities, including any such claims which allege negligent acts or omissions of THE CITY except if such claims, demands, or causes of action arise out of the gross negligence or willful misconduct of THE CITY.
- 13. Should THE CITY or anyone acting on its behalf be required to incur attorney's fees and costs to enforce this agreement I agree to indemnify and hold THE CITY harmless of all such fees and costs.
- 14. By signing this document, I acknowledge that if anyone is hurt, or property damaged during my child's participation in this Program a court of law may find me to have waived my right to maintain a lawsuit against THE CITY on the basis of any claim from which I have released them herein.

I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THE ENTIRE DOCUMENT. I HAVE READ AND UNDERSTOOD IT, AND I AGREE TO BE BOUND BY ITS TERMS.

Child/Minor's Name (printed): \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Legal Guardian Name (printed): \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_