

**2019 – 2020**  
**Rocky Mount Parks & Recreation Department**  
**After-School Program Application**

**Program of Interest (please circle):**      Winstead Elementary (Must attend Winstead Elementary) \_\_\_\_\_      Imperial Centre \_\_\_\_\_

**Campers' Information (PLEASE PRINT)**

School your child attends: \_\_\_\_\_

Student's Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_ (nickname) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Sex: \_\_\_\_\_ Age (as of August 26, 2019): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Grade: \_\_\_\_\_

**Participants Medical Information (PLEASE PRINT)**

Special Accommodations: \_\_\_\_\_

Medications: \_\_\_\_\_

**Parent/Guardian Information (PLEASE PRINT)**

Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

**EMERGENCY CONTACT: Other than parent/guardian, who can be reached during camp hours (PLEASE PRINT)**

Persons authorized to pick up your child from the program (***ID will be required***):

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

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

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

**REGISTRATION/MONTHLY FEES:**

Monthly Fee:                      \$80.00 City Resident \_\_\_\_\_                      \$120.00 Non City Resident \_\_\_\_\_                      =                      \$ \_\_\_\_\_

**Will your child need transportation from their school site to the after school site?** \_\_\_\_\_  
*(Fairview, DS Johnson, RM Prep, RM Middle, Edwards, Parker, OLPH, Baskerville, Benvenue, Englewood)*

Transportation Fee:                      \$50 per child per month                      \$ \_\_\_\_\_

\*\*\*Late Pick Up Fee: Any parent who fails to pick-up their child after 6:15pm will be charged an additional \$10.00 every 15 minutes.

<b>After School Months</b>	<b>Payments Due Dates</b>	<b>Due Times</b>
(1) August 26 – 30, 2019	Friday, August 23, 2019	6:00pm
(2) September 1 – 30, 2019	Friday, August 30, 2019	6:00pm
(3) October 1 -31, 2019	Friday, September 27, 2019	6:00pm
(4) November 1 – 30, 2019	Friday, October 25, 2019	6:00pm
(5) December 1 – 31, 2019	Friday, November, 29, 2019	6:00pm
(6) January 1 – 31, 2020	Friday, December 27, 2020	6:00 pm
(7) February 1 – 28, 2020	Friday, January 31, 2020	6:00pm
(8) March 1 – 31, 2020	Friday, February 28, 2020	6:00 pm
(9) April 1 – 30, 2020	Friday, March 27, 2020	6:00pm
(10) May 1 – 31, 2020	Friday, April 24, 2020	6:00 pm

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**CITY OF ROCKY MOUNT**

**RELEASE, INDEMNITY, ACKNOWLEDGEMENT AND ASSUMPTION OF RISK**

IN CONSIDERATION of my participation in the \_\_\_\_\_ (the “Activity”) sponsored by the City of Rocky Mount, I, for myself, my heirs, executors, administrators, personal or legal representatives, successors and assigns, hereby agree to:

(i) RELEASE, WAIVE, FOREVER DISCHARGE and COVENANT NOT TO SUE the City of Rocky Mount, its elected officials, officers, employees, and agents (collectively the “City”) from any and all claims, losses, damages, or liability (present and future), on account of injury to my person or property, including injury resulting in my death, arising out of, or in any way connected with, my participation in the Activity, including, without limitation, to the extent permitted by law, any claim, loss, liability, or damage related (directly or indirectly) to acts or omissions (negligent or otherwise) of the City; and

(ii) INDEMNIFY, DEFEND and HOLD HARMLESS the City from and against any and all claims, losses, liability, and damages (present and future) and all costs, charges, and fees (including reasonable attorneys fees) related thereto, arising out of, or in any way connected with my participation (or the participation of the minor identified below) in the Activity or connected with the participation of anyone participating in the Activity under my auspices or with my implied or express consent, including, without limitation, to the extent permitted by law, any claim, loss, liability, or damage related (directly or indirectly) to acts or omissions (negligent or otherwise) of the City.

I understand that participation in the Activity involves the risk of injury or death, and by executing this Release, Indemnity, Acknowledgement and Assumption of Risk (this “Release”), I acknowledge and assume all risk of injury or death resulting from participation in the Activity.

I further agree that if any term or provision of this Release, or the application thereof, to any person or circumstance shall, to any extent, be deemed invalid or unenforceable, the remainder of this Release, or the application of such term or provision, to person or circumstances other than those to which it is held invalid or unenforceable, shall not be affected thereby, and each term and provision of this Release shall be valid and enforceable to the fullest extent permitted by law.

I have carefully read this Release and have executed the same voluntarily adopting the word “SEAL” after my name as my seal.

**THIS DOCUMENT RELEASES YOUR RIGHT TO MAKE A CLAIM IF YOU HAVE AN ACCIDENT OR ARE INJURED. DO NOT SIGN IT UNLESS YOU HAVE READ IT AND UNDERSTAND IT FULLY.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Signature of Parent if Participant is a Minor

\_\_\_\_\_  
Name (print)