



Life's Just Better Here

City of Wilton Manors
Leisure Services Department
2020 Wilton Drive, Wilton Manors, FL 33305
954-390-2130

BASH ENROLLMENT REGISTRATION 2020-2021

Before Care _____ **After Care** _____ **Both** _____

STUDENT INFORMATION:

Full Name: _____
LAST FIRST MIDDLE

Child's Address: _____
ADDRESS CITY STATE ZIP

Date of Birth: _____ **Password:** _____ **Age:** _____ **Grade:** _____

Languages spoken at home: _____ **Parent Email:** _____

FAMILY INFORMATION:

Child lives with _____

Parents Name: _____

Parents Name: _____

Address: _____

Address: _____

Cell Phone: _____

Cell Phone: _____

Employer: _____

Employer: _____

Work Phone: _____

Work Phone: _____

Person who has custody _____

Person responsible for fees _____

MEDICAL INFORMATION:

Reviewed by: _____

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted:

Doctor _____ Address: _____ Phone _____

Insurance: _____ Policy# _____

Please list all allergies, special medical or dietary needs, or other areas of concern: _____

Does your child have either of the following: **IEP:** _____ **504 Plan:** _____ **If so, please explain and provide a copy:** _____

If you completed the above question, please contact the Program Director to assure this is appropriately evaluated and addressed.



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CONTACTS:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the custodial parent or legal guardian cannot be reached:

_____	_____	_____	_____
NAME	CELL #	WORK #	RELATIONSHIP
_____	_____	_____	_____
NAME	CELL #	WORK #	RELATIONSHIP

BEHAVIOR POLICY: I understand that if my child disrupts the daily operation of the program or becomes a disciplinary problem, he / she will be withdrawn from the program without a refund.

Signature of Parent / Guardian: _____

Date: _____

FOOD AND NUTRITION POLICY: I give my child permission to participate in food-related activities, such as special occasions and learning activities, which include food consumption. The information or menu will be provided on the weekly calendar. If my child has specific allergies, **I will inform the program in writing.**

Signature of Parent / Guardian: _____

Date: _____

LATE FEE, ATTENDANCE POLICY & REFUND POLICY: I understand that late fees will be charged at a rate of \$20 per 15 minutes. Multiple late pick ups will result in removal from the program without a refund.

Signature of Parent / Guardian: _____

Date: _____

By signing below, you verify that you have received the above items and that all information on this enrollment form is complete and accurate.

Signature of Parent / Guardian: _____

Date: _____

RELEASE OF LIABILITY AGREEMENT

In consideration of the privilege of being allowed to take part in the City of Wilton Manors' "City's" Program, use the equipment and the facilities of the City, ride in the motor vehicles provided by the City and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned, individually and on behalf of the minor child named below do hereby agree to indemnify and hold harmless the City of Wilton Manors, its trustees, elected and appointed officials, agents, servants, volunteers and employees from and against all claims, demands, causes of action or whatsoever kind, and for any resulting judgments, losses, costs, damages, liability, expenses, including, but not limited to, attorneys' fees arising out of, occurring during or relating to the use of equipment, facilities, motor vehicles of participation in City's Program. I understand the physical requirements of participation in these activities and affirm that my child meets these requirements. I give permission for instructors, staff and emergency personnel to make necessary first aid decisions in the event of accident, injury or illness. In the care of injury, accident, illness, or inability to complete these activities, I will bear the full cost of any expense incurred due to any injury to my child or damage to my property.

PARENT/GUARDIAN SIGNATURE

PRINT NAME / DATE

PARENT PHONE #

EMERGENCY #



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CITY OF WILTON MANORS COVID-19 WAIVER

The novel Coronavirus, also known as COVID-19, is a contagious virus that spreads easily through person-to-person contact. The virus causing COVID-19 is not the same as the coronaviruses that commonly circulate among humans and cause mild illness, like the common cold. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. The Centers for Disease Control and Prevention (CDC) has recommended that people avoid close contact, as follows:

- Put distance between yourself and other people outside of your home.
- Remember that some people without symptoms may be able to spread virus.
- Stay at least 6 feet (about 2 arms' length) from other people.
- Do not gather in groups.
- Stay out of crowded places and avoid mass gatherings.
- Keeping distance from others is especially important for people who are at higher risk of getting very sick.

As with all locations accessible to the public, participating in City of Wilton Manors programs or accessing City of Wilton Manors facilities may increase the risk of contracting COVID-19 because you may come into contact with people who do not live in your household. The City of Wilton Manors does not, and cannot, guarantee that you will not contract COVID-19 through your voluntary participation in City of Wilton Manors programs or by accessing City of Wilton Manors facilities.

By participating in City of Wilton Manors programs or accessing City of Wilton Manors facilities, you acknowledge and understand that your risk of exposure to COVID-19 is beyond the City's control. Therefore, by voluntarily participating in City programs or accessing City facilities, you agree to indemnify, release, hold harmless, and waive any and all claims against the City, its affiliates, elected or appointed officers or officials, attorneys, agents, contractors, employees, in their respective official and individual capacities, volunteers, and/or other participants (collectively referred to as "City") for any and all loss, damage, disability, or injury of any kind that you may suffer or sustain, whether related to COVID-19 or otherwise.

PRINT NAME	SIGN NAME	DATE
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Parents and Legal Guardians

If the individual participating in City of Wilton Manors programs or accessing City of Wilton Manors facilities is under the age of 18, a parent or legal guardian (hereinafter "Parent") must sign this waiver on the individual's behalf. By signing below, the Parent agrees as follows:

The Parent has read this waiver and fully understands its terms. Parent acknowledges and further agrees that no representations, statements or inducements apart from what is written in this Agreement have been made. The Parent further expressly agrees that this waiver is intended to be as broad and inclusive as is permitted by the laws of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall; notwithstanding, continue in full legal force and effect.

I have read and voluntarily sign this waiver on behalf of _____
(NAME OF MINOR)

THE UNDERSIGNED PARENT / LEGAL GURADIAN HAS READ THE FOREGOING WAIVER AND FULLY UNDERSTANDS IT.

Parent's Name: _____

Parent's Signature: _____

Date: _____