

2017-2018
Kenney Community Center at Union College
Participant Registration Form

Today's Date: _____

Check off the box for the program(s) you would like your child to attend:

- Homework & Reading Program** *Tuesdays through Fridays 3:30-5PM grades 1-5*
 Junior Science *Thursdays 4:00-5PM grades 4-6*

The programs begin in mid-late September and run through end of May. Programs are closed when Union is on break, including mid-November through early January and one week in March.

**Please note: You will be notified by phone about when your child can start attending.*

General Information: (Please Print)

Participant's First and Last Name: _____

Age: _____ Male ___ Female ___ School: _____ Grade: _____

Name of Participant's Teacher: _____

Parent/Legal Guardian's First and Last Name: _____

Mailing Address: _____

City: _____ State: NY Zip Code _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Other Phone: _____

Email: _____

Permission to Participate in Kenney Center Programs

I/We _____, the parent(s)/legal guardian(s) of the Participant give permission for him/her to participate in the programs at the Kenney Community Center. I further give permission for my son/daughter to be escorted to and from the Kenney Community Center across Nott and Seward Streets to Union College's main campus for program related events, and to attend activities in Schenectady via Union College transportation. I acknowledge that participation in this event is strictly voluntary and that there may be potential risks of personal injury.

Waiver and Release

1. I am hereby waiving and releasing Union College and its trustees, officers, employees and agents from any and all liability for any injuries incurred by my child while participating in the Kenney Community Center programs unless caused by the sole negligence of Union College.
2. I am hereby assuming all risks associated with my child's participation in this program.
3. I am representing to Union College that I have adequate health insurance on my child while he or she is participating in this program.
4. I will pay all costs incurred by Union College as a result of any failure by my child to respect and maintain College facilities and/or observe College rules and regulations.
5. Any action in regard to this Release or arising out of its terms and conditions and or claims that may arise while my child is in this Program/Event shall be instituted and litigated before the Supreme Court, Third Judicial District, Schenectady County, New York State.
6. I have read this entire Release, I fully understand it, and I agree to be bound by it.

Parent or Guardian Signature

Parent or Guardian Signature

Emergency Contacts

Please list the names and phone numbers of the individual(s) to be contacted in case of an emergency below. The individuals must be over 18 years old and have the authority to make appropriate medical or other decisions regarding the well-being of your child.

Name _____ Relationship: _____ Phone: _____

Name _____ Relationship: _____ Phone: _____

Medical Conditions and Food Restrictions*

Please list below any allergies, medications, food restrictions (including religious/cultural restrictions):

*We will make every effort to accommodate Participants with medical conditions but reserve the right to impose limitations and/or restrict participation if in the sole judgment of Union College the requested accommodations prove unreasonable.

- a) Is your child taking any kind of medication? _____. If yes, please answer the following:
 Reason for taking medication: _____
 Will your child need to take medication during program hours? _____. If so, when _____
 Does your child need assistance in administering medication? _____. Please specify the type of assistance needed: _____
- b) Will your child need to carry any emergency medication with her/him at all times? _____
 If YES please indicate medication and its purpose _____

Please note: A doctor’s note is required, indicating dosage and times. All medication needs to be in its original container. Participants are not allowed to carry or share their medication with other participants. All medication will be stored by Kenney Center staff in a secured cabinet and be made available as per doctor’s instructions.

Hospitalization Insurance

_____ I have insurance coverage _____ I do NOT have insurance coverage

Insurance Company: _____ Policy Identification: _____

Doctor’s Name: _____ Doctor’s Phone: _____

Emergency Authorization

FOR STUDENTS UNDER 18 YEARS OF AGE, THE FOLLOWING RELEASE MUST BE SIGNED BY PARENT(S)/GUARDIAN(S).

I/we give my/our permission for my/our son/daughter to be medically treated in the case of an emergency illness or injury {please indicate any medical restrictions: _____}
 (If no medical restrictions please write NONE in the space above).

Parent or Guardian Signature _____
Date

Parent or Guardian Signature _____
Date

Consent To Be Photographed

I/we give Union College authorization and consent to **videotape/photograph** my/our child for the purpose of education and information sharing.

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

Attendance Code

Please do not sign your child up for days/programs that he or she will not attend on a regular basis. Please let us know if you plan to withdraw from the program. We generally have a wait list and want to keep the program filled. Children who are not attending on a regular basis might be removed from the registration list.

Behavior Code

Students who demonstrate violent, discriminatory, inattentive, disrespectful, and/or other forms of rude behavior will be removed from the program based solely on the discretion of Kenney Community Center Staff. If the case of any above mentioned behavior is severe, the student may forgo consideration for future readmission into the program(s). If students are acting inappropriately, they will be corrected. If the student leader is not able to control the situation, the child will be asked to sit with a staff member in her office and parents will be called to pick up the child.

I have read, understand, and agree with the above mentioned attendance and behavior codes.

Parent/Guardian Signature: _____ Date: _____

Daily Dismissal

In order to ensure the safety of your child, we ask that parents or the persons responsible for picking up the participant come into the center and authorize their release. Children will not be allowed to leave the center without such approval.

Please complete the following section (please include parents names as well.)

Full Name of Person picking up your child Age Relationship Phone number

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Please note that if for any reason **someone other** than parents/guardians or the designated person will be picking up the child, you **MUST** notify us in advance. Your child will be released only to the persons identified above. The individual assigned to pick up you child must come into the center to sign their release.

ONLY sign below if you want your child to walk home.

I give permission for my child to walk home from the Kenney Community Center. By providing this permission I am assuming all/any responsibility for the well being and safety of my child.

Parent/Guardian Signature _____

Parent/Guardian Signature _____

Participant Agreement (please review with your child(ren))

I (child's name) _____, when on campus and on off campus activities, agree to participate in all scheduled activities for the Union College Kenney Community Center Program for which I have registered and to follow the rules and regulations as set forth by staff, faculty and mentors, including respecting other participants, faculty, staff, mentors and all property of the college. I understand that I must at all times travel with the accompanying adult counselor(s)/chaperone(s) as assigned. Independent travel or activities are prohibited. All personal needs or requests must be approved by the adult counselor(s)/chaperone(s) as assigned. Alcohol and smoking is prohibited. The use of illegal or controlled substances is prohibited. Possession of weapons is prohibited.

I agree to drop off my child(ren) at the Kenney Center no earlier than 3:30pm.

(Staff is not available to supervise children before 3:30pm).

I agree to pick up my child on time at 5:00pm when the program ends.

Youth Participant's Signature: _____ Date: _____

Parent Signature: _____ Date: _____

**Programs are held at the Kenney Center at 257 Park Place,
on the corner of Park Place & Nott Street.**

MAIL THIS FORM TO:

**Union College Kenney Center
807 Union St.
Schenectady, NY 12308**

Or, drop off at: **Kenney Center, 257 Park Place, Schenectady** (Corner of Park Pl. and Nott St.)