

## NORTHWEST RECREATION CENTER

# 2015-2016 After School Program

Northwest Recreation Center is proud to offer the **After School Program** for the 2015-2016 school year. Northwest will provide pick-up from Brentwood and Gullett Elementary.

The After School Program is designed to foster development through Active Play and Enrichment activities and daily schedules includes: Homework/Reading Time, Active Play, Enrichment Activities, Playground Time, and Snack Time. Participants will ride a City of Austin 15 passenger van from school to Northwest.

**GRADES** K-5th

**HOURS** 2:45-6:00pm (excluding AISD/City of Austin holidays)

**REGISTRATION** starts May 1 @ 9am

\*\*Background artwork created by participants in a Parks and Recreation Department After School Program.\*\*

## PROGRAM THEME: "MY BRIGHT FUTURE!"

For the 2015-2016 school year, we're focusing on YOUR future and what YOU enjoy. Some examples of activities and enrichments we'll play and discuss are the arts (photographer/singer/designer...), food (chef/food blogger/nutritionist...), sports (athlete/sports reporter/coach...), and more!

## REGISTRATION

**Online\* and on site registration for the 2015-2016 After School Program at Northwest Recreation Center starts Friday, May 1 at 9:00am** and lasts until all spots have filled. Families will need to fill out a new registration form (see back of flyer) per participant. For on site registration, a parent, guardian, or other adult may register children for one single family/household. For online registration, please visit [www.austintexas.gov/parksregister](http://www.austintexas.gov/parksregister). *\*If you have registered for a youth program at Northwest in the past, you already have a log in account; please do not create a new account. If you need your user name or password, please contact your center and they can email you your information.*

## COST

**August/September's payment of \$117 (resident)/\$163 (nonresident) is due at registration.** All months will be \$94 (residents)/\$131 (nonresidents), except for August/September and May/June which are combined and will be \$117 (resident)/\$163 (nonresident). Payment for a monthly session is due to Northwest by the 15th of the preceding month. A late fee will be added for payment made after the 15<sup>th</sup>; if payment is not made by the 20<sup>th</sup>, you will lose your spot in the program. For a list of due dates, please contact Northwest. *\*Residents = Austin zip code.*

## CONTACT

Questions about the program or registration day? Please stop by the center at 2913 Northland Drive (78757) or call 512-974-6972.



The City of Austin is proud to comply with the Americans with Disabilities Act. If you require assistance for participation in our programs or use of our facilities, please (512) 974-3914



**A. Youth Waiver (please fully complete waiver with a pen):**

Participant Name: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

**B. Completion required by all participants. Primary and Secondary must reside at same Household address. If not, complete box D**

Household Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Household Home Phone: \_\_\_\_\_  
 Household Primary Name: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Gender:  Male  Female Email: \_\_\_\_\_  
 Primary Cell Phone\* : \_\_\_\_\_ Provider: \_\_\_\_\_ Primary Work Phone: \_\_\_\_\_  
 Household Secondary Name: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Gender:  Male  Female Email: \_\_\_\_\_  
 Secondary Cell Phone\* : \_\_\_\_\_ Provider: \_\_\_\_\_ Secondary Work Phone: \_\_\_\_\_

**C. Completion required by all participants. List any Emergency Contacts other than Household members listed above.**

Emergency Contact Name:	Relation:	Home Phone:	Work Phone:	Cell Phone:	Allowed to Pick Up?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

**D. Only complete this box if a Youth Participant resides within two separate Households.**

Household Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Household Home Phone: \_\_\_\_\_  
 Household Primary Name: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Gender:  Male  Female Email: \_\_\_\_\_  
 Primary Cell Phone\* : \_\_\_\_\_ Provider: \_\_\_\_\_ Primary Work Phone: \_\_\_\_\_  
 Household Secondary Name: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Gender:  Male  Female Email: \_\_\_\_\_  
 Secondary Cell Phone\* : \_\_\_\_\_ Provider: \_\_\_\_\_ Secondary Work Phone: \_\_\_\_\_



**E. Completion required by all participants.**

Medical Care Information

1. Any known allergies to food/drugs, insect stings, poison ivy/other plants, etc.? {Yes \_\_\_\_\_} {No \_\_\_\_\_} Please Specify: \_\_\_\_\_
2. Any known existing illnesses? {Yes \_\_\_\_\_} {No \_\_\_\_\_} Please Specify: \_\_\_\_\_
3. Please list any physical condition that could restrict activities or have a need requiring special care in order to participate in program/activity.  
 \_\_\_\_\_
4. For Youth & Children Only : Does Participant require prescription medication during program hours? Program must exceed 1 hour. {Yes \_\_\_\_\_} {No \_\_\_\_\_} If yes, please complete a Medication Authorization form.

Personal Information Privacy Policy

We collect personally identifiable information, like names, postal addresses, email addresses, etc., when voluntarily submitted by our visitors. The information you provide is used to fulfill your specific request. This information is only used to fulfill your specific request, unless you give us permission to use it in another manner, for example to add you to one of our mailing lists. {email opt out? \_\_\_\_\_}

Image Release Waiver

I hereby consent to allow usage of photographs and video taken during this program and at our sites for publicity purposes in printed materials, and on our website. Photographs remain the property of the City of Austin Parks and Recreation Department. If you do not want to allow photos or videos, then please initial. {opt out? \_\_\_\_\_}

Accessibility Accommodation Request

The City of Austin is proud to comply with the Americans with Disabilities Act. If you require assistance for participation in our programs or use of our facilities, please call 512.974.3910. Do you require accommodations? {Yes \_\_\_\_\_} {No \_\_\_\_\_} (Optional)

Standards of Care Notification

Children's programs/activities supervised by Parks and Recreation Department and requiring enrollment/registration in order to participate are not licensed by the state, but follow standards of care adopted in the City of Austin Ordinance No. 20140522-079. A copy is available and posted at each site.

Release of Liability

In consideration of participant being allowed to participate in the registered class(es) or program(s), the undersigned hereby releases the City, its employees and agents, from any action, claim or demand for personal injury or property loss arising from or due to any negligent act or omission of the City, its agents or employees. This release shall have no effect with regard to damages caused by the City's gross negligence. In the event the City or a volunteer provides transportation for the registered participant, this waiver and release shall extend to and release the City employee driver from any and all liability. Permission is given for any emergency medical treatment, operation or anesthesia which might become necessary. I agree to be responsible for the expense of medical treatment or service.

Please Print Name: \_\_\_\_\_

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