

## AFTERSCHOOL 2020-2021

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Child's Name: \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_ (month/day/year)

Grade: \_\_\_\_\_ Gender: Male or Female

School: \_\_\_\_\_

Prim Guardian Name: \_\_\_\_\_

Prim Guardian Email: \_\_\_\_\_

Prim. Guardian Address: \_\_\_\_\_

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

Prim. Guardian Primary Phone: \_\_\_\_\_

Prim. Guardian Secondary Phone: \_\_\_\_\_

Sec. Guardian Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Allowed to pick up? Yes or No Same address as above? Yes or No

Sec. Guardian Primary Phone: \_\_\_\_\_

Sec. Guardian Secondary Phone: \_\_\_\_\_

Emergency Contact/Pick Up #1 Name: \_\_\_\_\_

Emergency Contact #1 Best Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

List necessary medical info about child: \_\_\_\_\_

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### ADA COMPLIANCE

To participate in this program, the participant, \_\_\_\_\_, needs a modification because of a disability. \_\_\_No or \_\_\_Yes

If you indicate a need for support, our staff will contact you to see what Greenville County can do.

### **Please complete: (circle location)**

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Brutontown CC      Freetown CC      Mt. Pleasant CC      Phillis Wheatley CC

Slater Hall CC      Staunton Bridge CC      Sterling CC

Choose one of each set: Paid bus rider \_\_\_\_\_ or Non-paid bus rider \_\_\_\_\_ **AND** Walker \_\_\_\_\_ or Pick up \_\_\_\_\_

I have read and do understand the enrollment and registration process. I understand that payment for services is due each week on time. **I agree to read, review, and abide by the parent handbook available on the website or I can request a copy from staff.** I agree that all of the information presented above is true and accurate.

Parent/Guardian Signature: \_\_\_\_\_

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

Print Parent/Guardian Name: \_\_\_\_\_

**(Please complete the back page)**

**Additional Pick up List (first and last name – also must show ID at pick up)**

Emergency Contact/Pick Up #2 Name: \_\_\_\_\_

Emergency Contact #2 Best Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Pick up # 3 Name: \_\_\_\_\_

Pick up # 4 Name: \_\_\_\_\_

Pick up # 5 Name: \_\_\_\_\_

**Consent to Greenville County School District for related information**

I grant permission to employees of Greenville County Rec. to facilitate meetings with teachers, guidance counselors, and other school officials as necessary to share and receive information regarding my child's progress at my child's school, \_\_\_\_\_ (list school).

I hereby release and hold harmless Greenville County Parks, Recreation, and Tourism, its agents, and employees from any liability from any injuries or damages resulting from my child's use of his/her assigned school equipment or supplies, including the school issued chrome notebook, during participation in the 2020/2021 Community Center Out of School Time Program. **I agree to read, review, and abide by Greenville County Rec's Computer Use Policy found in the parent handbook available on the website or I can request a copy from staff.**

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

**FOR GRANT PURPOSES: (check which applies)**

Household Economic Status

\_\_\_\_\_ \$21,000 and below                      \_\_\_\_\_ \$34,000 - \$44,000  
\_\_\_\_\_ \$22,000 - \$33,000                      \_\_\_\_\_ \$45,000 and above

Student Race-Ethnicity

\_\_\_\_\_ African-American                      \_\_\_\_\_ Hispanic/Latino  
\_\_\_\_\_ Caucasian                                      \_\_\_\_\_ Asian/Pacific Islander  
\_\_\_\_\_ Multi-racial                                      \_\_\_\_\_ Native American  
\_\_\_\_\_ Other: \_\_\_\_\_

Student Disability

\_\_\_\_\_ Not Identified Disability  
\_\_\_\_\_ Identified Disability

Staff Signature: \_\_\_\_\_

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



## WAIVER AND RELEASE FORM

Please read carefully.

Please print in all blanks.

I, \_\_\_\_\_, the Parent/Guardian of \_\_\_\_\_ (Participant's Name) give my permission for him/her to participate in the 2020/2021 Community Center Out of School Time Program (after-school and full day), sponsored by Greenville County Parks, Recreation, and Tourism. I understand that program activities involve outdoor games, travel to and from special activities, and other physical activities, which can result in bodily injury. I, \_\_\_\_\_ (Parent/Guardian) hereby release and hold harmless Greenville County Parks, Recreation, and Tourism, its agents, and employees from any liability from any injuries or damages resulting from \_\_\_\_\_ (Participant's Name) participation in the 2020/2021 Community Center Out of School Time Program.

I understand photographs of participants may be taken during the Out of School Time Program, and I give permission for Greenville County Parks, Recreation, and Tourism to use those photographs in publicity materials.

Parent/Guardian's  
Printed Name: \_\_\_\_\_

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

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



**ASSUMPTION OF RISK AND WAIVER OF LIABILITY (TO INCLUDE  
CORONAVIRUS/COVID 19) RELEASE FORM - YOUTH**

*PLEASE READ CAREFULLY*

*The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.*

*The County of Greenville, acting through its Department of Parks, Recreation & Tourism (“GCPRT”) has put in place preventative measures to reduce the spread of COVID-19; however, the County of Greenville, acting through GCPRT, **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **participating in any GCPRT program could increase** your risk and/or your child(ren) ’s risk of contracting COVID-19.*

*By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by participating in any GCPRT program and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at any GCPRT program may result from the actions, omissions, and/or negligence of myself and others, including, but not limited to, GCPRT employees, volunteers, partners, youth associations, officials, and program participants and their families.*

*I further understand that by participating in any GCPRT program there is the risk of personal injury, illness, permanent disability, and death and by signing this agreement I acknowledge the dangers inherent in my child(ren) ’s participation in any GCPRT program.*

*I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren) ’s participation and attendance in any GCPRT program (“Claims”).*

Parent / Guardian Initials: \_\_\_\_\_

*On my behalf, and on behalf of my spouse, family, children, estate, heirs, executors, administrators, assigns, and personal representatives, I hereby forever release, waive, discharge, hold harmless and covenant not to sue the County of Greenville, its Department of Parks, Recreation & Tourism, their employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, and/or negligence of the County of Greenville, its Department of Parks, Recreation & Tourism, their employees, agents, and representatives, whether an injury and/or COVID-19 infection occurs before, during, or after participation in any **GCPRT program**.*

*I, \_\_\_\_\_ the Parent/Guardian of \_\_\_\_\_  
(Participant's Name) give my permission for my child(ren) to participate in \_\_\_\_\_  
(Program Name), sponsored by the County of Greenville's Department of Parks, Recreation & Tourism ("GCPRT").*

*I further agree to hold harmless the County of Greenville, its Department of Parks, Recreation & Tourism, their employees, agents, and representatives from any claims based on actions, omissions, and/or negligence of the County of Greenville, its Department of Parks, Recreation & Tourism, their employees, agents, and representatives*

***I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing.***

*I have entered into this document on the basis of my own information and not in reliance upon representations of the County of Greenville, its Department of Parks, Recreation & Tourism, their employees, agents, and representatives.*

*I further understand that this document contains the entire agreement and no oral or written agreements limiting or modifying the effect of the terms of this document exist.*

*I further agree that if any part of this agreement is held to be invalid or unenforceable for any reason, the balance of the agreement remains valid and enforceable.*

***I have read and understood this document and I agree to be bound by its terms.***

*Parent/Guardian's Signature: \_\_\_\_\_*

*Parent/Guardian's Printed Name: \_\_\_\_\_*

*Witness: \_\_\_\_\_*

*Child/Children's Name: \_\_\_\_\_*

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

*Program Participating in: \_\_\_\_\_*

**4806 Old Spartanburg Road \* Taylors, SC 29687 \* Tel: 864.288.6470 \* Fax : 864.288 .6499**