

AFTER-SCHOOL 2021-2022

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: _____

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)

Brutontown CC Freetown CC Mt. Pleasant CC Phillis Wheatley CC

Slater Hall CC Staunton Bridge CC Sterling CC

Mt. Pleasant TEEN Sterling TEEN

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 or monthly 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 2021/2022 Community Center After-school 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: _____



**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: _____

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