

AFTER-SCHOOL 2024-2025

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/Pick-up #1: _____

Relationship to Child: _____

Same address as above? Yes or No

Sec. Guardian Primary Phone: _____

Sec. Guardian Secondary Phone: _____

Emergency Contact/Pick Up #2 Name: _____

Emergency Contact #2 Primary 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 to assist.

I do understand the enrollment and registration process. I understand that payment for services is due each month 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: _____

(Parents/Guardians - Please complete the back page)

BELOW TO BE COMPLETED BY STAFF: (circle location)

Brutontown CC Freetown CC Mt. Pleasant CC

Slater Hall CC Staunton Bridge CC Sterling CC

Mt. Pleasant TEEN Sterling TEEN

Choose one of each set: Program only _____ or Program + Rec transportation _____
AND Walker _____ or Pick up _____

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

Emergency Contact/Pick Up #3 Name: _____

Emergency Contact #3 Primary Phone: _____

Pick up # 4 Name: _____

Pick up # 5 Name: _____

Pick up # 6 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).

Parent/Guardian Signature: _____

Date: _____

FOR GRANT PURPOSES: (Parent//Guardian – please check which applies)

Household Economic Status

_____ under \$25,000

_____ \$45,000 - \$64,999

_____ \$25,000 - \$44,999

_____ \$65,000 and above

Student Race-Ethnicity

_____ Black/African-American

_____ Hispanic/Latino

_____ White/Caucasian

_____ Native Hawaiian/Pacific Islander

_____ Asian

_____ American Indian

_____ Other: _____

Student Disability

_____ No Identified Disability

_____ Identified Disability

Staff Signature: _____

Date: _____

ASSUMPTION OF RISK AND WAIVER OF LIABILITY (TO INCLUDE

CORONAVIRUS/COVID 19) RELEASE FORM

PROGRAMMING ACTIVITIES – 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/ward will not become infected with COVID-19. Further, attending GCPRT programming activities could increase your risk and your child’s/ward’s risk of contracting COVID-19.

By signing this agreement, I, as parent/guardian, acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child/ward and I may be exposed to or infected by COVID-19 by attending GCPRT programming activities 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 may result from the actions, omissions, and/or negligence of myself and others, including, but not limited to, GCPRT employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child/ward 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/ward may experience or incur in connection with my child’s/ward’s attendance and/or participation in GCPRT programming activities (“Claims”).

This is to certify that I, as parent/guardian with legal responsibility for this participant, have read and explained the provisions of this Assumption of Risk and Waiver of Liability (To Include Coronavirus/COVID 19) Release to my child/ward including the risks of the activity and his/her responsibilities for adhering to the rules and regulation. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above and do release and agree to indemnify and hold harmless the County of Greenville, GCPRT, their officers, directors, instructors, agents, employees, representatives, and volunteers from any and all liabilities incident to my minor child’s/ward’s involvement or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

PHOTO RELEASE

Furthermore, I give my permission to have photos and/or video recordings taken of me and/or my child/ward for publicity purposes during GCPRT Programming Activities. I hereby grant and convey unto the County of Greenville and GCPRT all rights, title and interest in any and all photographic images and video or audio recordings made by County of Greenville and GCPRT during my participation and/or my child’s/ward’s participation in GCPRT Programming Activities.

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: _____

Child’s/Ward’s Name: _____

Date: _____

Program Activity: Community Centers After-School Program 2024-2025

Program Activity Location: _____