



C.A.R.E Registration Form

Child's Information

Name _____ Birthdate _____ Age _____

Mailing Address _____ City _____ Zip _____

School _____ Grade _____

Teachers (If Known)

TEACHER	SUBJECTS

- Is Your Child Able to Swim Without a Flotation Device in Water Where He/She Cannot Touch the Bottom?

YES NO

- Does Your Child require an Accommodation Because of Disability to Enjoy this Program?

YES NO *If yes, please explain:* _____

- Does Your Child Require Medication During the Hours of this Program?

YES NO *If yes, please attach Medication Release Form.*

- Please List any Needs, Limitations, or Allergies: _____

What are Your Child's Hobbies, Activities, Special Interests: _____

Parent/Guardian Information

Parent/Guardian #1

Name _____ Relationship to Child _____

Phone (H) _____ Phone (W) _____ Cell _____

Mailing Address _____ City _____ Zip _____

Employer _____

E-Mail _____

(Required to receive program updates and information)

Parent/Guardian #2

Name _____ Relationship to Child _____

Phone (H) _____ Phone (W) _____ Cell _____

Mailing Address _____ City _____ Zip _____

Employer _____

E-Mail _____

(Required to receive program updates and information)

Parent/Guardian #3

Name _____ Relationship to Child _____

Phone (H) _____ Phone (W) _____ Cell _____

Mailing Address _____ City _____ Zip _____

Employer _____

E-Mail _____

(Required to receive program updates and information)

Parent/Guardian #4

Name _____ Relationship to Child _____

Phone (H) _____ Phone (W) _____ Cell _____

Mailing Address _____ City _____ Zip _____

Employer _____

E-Mail _____

(Required to receive program updates and information)

Emergency Contact (if parent/guardians are unable to be reached first):

Name _____ Phone _____

Additional Person(s) Authorized to Pick Up Your Child (Other than those parents/guardians listed on page 2 Above)

Name _____ Phone _____
Relationship to Child _____

Name _____ Phone _____
Relationship to Child _____

Name _____ Phone _____
Relationship to Child _____

I grant permission for _____ to attend the C.A.R.E. After School Program. I understand that Churchill County Parks & Recreation, Churchill County, and/or other person(s) or organizations connected therewith will not be responsible for illness or injury sustained by my child while in the program or in travel to and from the program. I grant permission to the Parks & Recreation department staff and/or trained emergency medical professionals to provide emergency medical care and to call a physician for my child if it is not possible to contact me first. I hereby agree to pay for such emergency care.

Initials

_____ I agree to pay a returned check fee of \$25.00 for each returned check payment that is returned unpaid, for any reason, by my bank or financial institution.

_____ **PHOTO RELEASE.** I understand that due to the nature of this program, I/my child may be included in photos or video that will be used for media information or advertising of future programs. I understand by signing this hold harmless agreement that I authorize the use of any photos or video taken during this program.

_____ I do hereby give permission for my child to participate in the **Churchill County Ropes Course/Rock Climbing Wall.** I acknowledge that this program includes physical activities that may carry with it the potential for serious injury, minor injury, and death, including risks caused by equipment, facilities, terrain, and physical contact between participants. I certify that my child has no ailment or organic defect that would make participation in this activity dangerous to his/her health.

Parent/Legal Guardian's Signature

Date

**Food Bank of Northern Nevada
Participant Information**

_____ **Gender** _____
Name of Youth < Please Print >

Date _____

Program(s) attending: SUMFUN WINTERFUN CARE

The Food Bank of Northern Nevada offers food service for our programs. In return, we are required to provide information pertaining to our clients gender, age, ethnic background and residency in the community.

We would appreciate you taking the time to answer a few questions to help us fill out the monthly reports. Thank you for your time!

- **Child's ethnic background?**
Caucasian _____ African American _____
Hispanic _____ Native American _____
Asian _____ Pacific Islander _____
Other _____

- **County of residence?**
(Example: Churchill) _____

- **Length of time you've lived in above county?**
Less than 1 month _____
1 month – 2 years _____
2+ years _____

Thank you for your time!