Airway Heights Parks & Recreation

After School DROP IN

Monday through Friday 3:00pm to 6:00pm

OPEN TO KIDS AGES 8 TO 13

Pool TAble
Foosball
Ping pong
Wii U
Board GameS
WiFi
crafts
Sports EquiPMent
& More!

The After School Drop !n is a FREE, safe, supervised program for kids to come hang out everyday after school at the Airway Heights Community Center. Kids can play games, hang out with friends, relax or receive homework help. All participants MUST have a completed registration waiver to attend the program.

*** * * PARENTS PLEASE BE ADVISED * * ***

This is NOT a babysitting service.

Participants unable to follow rules of the program and direction of program supervisors will be sent home, and may be banned from future participation.

For more information please call

the Parks & Recreation Department at 244-4845

Registration Information:

Child Info:
Name _____ **Age** _____ **DOB** _____ /_____ /_____

Parent(s) or Guardian(s) Info:

Name_____ **Name**_____

Home #_____**Work #**_____ **Cell #**_____

Address_____
Are you a resident of Airway Heights? Yes_____ **No**_____

Would you like to be added to our mailing list of upcoming programs and events? Yes_____ **No** _____
If Yes please write down your email address:

_____

Participation Waiver and Medical Authorization Form

Purpose: To give permission for participation in Airway Heights Recreation Programs.

To enable parents and guardians to authorize the provision of emergency treatment for their children who are injured or become ill while under the authority of the Airway Heights Recreation Department in the event parents or guardians cannot be reached.

This is to acknowledge that we, the undersigned, parent(s) or legal guardians of (Child's Name) _____ recognize that because of the potentially hazardous nature of RECREATIONAL ACTIVITIES that an injury might be sustained. In the event of such an injury to my child and we (I or my spouse or child's guardian) cannot be contacted, we give permission to a qualified and licensed physician to render such treatment as would be normal and agree to pay the usual charges for such treatment.
We (I) release the City of Airway Heights, it's employees, it's agents, it's volunteers, and its assigns from any personal injuries or damages caused by or having any relation to the activity. I understand that this release applies to any present or future injuries and that it binds my heirs, executors and administrators.

This release form is completed and signed of my own free will and with full knowledge of its significance. I have read this release and understand all of it's terms.
I agree that photographs taken of this child during such activities may be used for promotional purposes.

Parent or Guardians signature_____Date_____ Phone#_____

Family Physician_____Address_____Phone#_____

Preferred Hospital_____

EMERGENCY CONTACT(not yourself) _____**PHONE#** _____

Please list authorized Individuals other than Parents or Guardians for child **Pick-Up:**

_____ _____ _____

_____ _____ _____

Specific facts concerning child's medical history **including allergies**, medications being taken, chronic illness or other conditions which a physician should be alerted:

_____
_____
_____
_____