



Fall 2018 Registration Form

Team Active8 is a free children's activity program that will run every Tuesday from 3:15pm-5:00pm starting on Tuesday, September 25th and ending on Tuesday, November 13th. The program is limited to 40 children and exclusive to Elizabeth Cady Stanton Elementary students. To be eligible to participate, participants must complete this Registration Form along with our Behavior & Participation Contract.

Forms must be returned to the elementary school main office no later than Tuesday, Sep 18th.

Child Name: _____ M _____ F _____

Address: _____ Town: _____

Grade: _____ Teacher: _____ Date of Birth: ____/____/____ Age: _____

REGISTERING PARENT/GUARDIAN

Parent/Guardian: _____ Relationship: _____

Complete Address: _____

Phone: (____) _____ Cell: (____) _____ Phone #2: (____) _____

Email: _____

Please note that if the program fills prior to processing this registration, your child will be automatically added to the Spring 2018 waiting list. All active participants will be notified by email or telephone on or before Wednesday, September 19th.

Have questions? Please email Greg Zellers, Director, at greg@senecafallsdevcorp.org

ASIDE FROM THE PARENT/GUARDIAN LISTED, WHO IS AUTHORIZED TO PICK UP YOUR CHILD?

Name: _____ Relationship: _____ Name: _____ Relationship: _____
Name: _____ Relationship: _____ Name: _____ Relationship: _____

PLEASE CHECK THE FOLLOWING

- I understand that my child must be picked up between 5:00pm and 5:15pm in the ECS gym.
- I understand that only those authorized on this form will be allowed to pick up my child.

EMERGENCY CONTACT INFORMATION (Must be someone over the age of 18)

Name: _____ Relationship: _____
Address (if different from above): _____
City: _____ State: _____ Zip: _____ Phone: (____) _____
Cell: (____) _____ Phone #2: (____) _____
Email: _____

If primary Emergency Contact is unavailable, please provide a secondary contact:

Name: _____ Relationship: _____
Cell: (____) _____ Phone #2: (____) _____

MEDICAL INFORMATION

Medical Center / Primary Doctor: _____ Phone Number: _____
Any Medical Problems, Conditions, or Medications? _____

We provide healthy snacks at the end of each program and occasional candy prizes (Tootsie Rolls and Smarties) during activities. This in mind, please answer the following:

- Any Food Allergies or Restrictions? _____
- Any Other Allergies? _____
- Is an Epi-pen required for any allergy? _____
- Anything else you would like to add? _____

RELEASE OF LIABILITY

I hereby release and hold harmless Team Active8, Seneca Falls Development Corp, Seneca Falls Central School District, Seneca Falls Community Center, their officers, employees, agents, representatives, volunteers, heirs, executors, and assigns from all liability for personal injury, including death, as well as all property damage or loss arising out of my/my child’s participation in the Team Active8 program.

I understand that the Team Active8 program will routinely require physical conditioning and exercise through participation and understand that it is my responsibility, including any physician visit, to ensure that my child is fit to participate in this program.

I understand that my child’s team leaders, program administrators, and staff may provide first aid or seek medical attention in the event of any injury or illness involving my child prior to calling myself or those listed as emergency contacts.

PHOTO RELEASE

The undersigned gives permission to Team Active8 to take and use photographs, audio, and/or video recordings of the program participants for fundraising and/or marketing purposes. On occasion, participant photographs and video may be included in promotional spots, websites, albums, Facebook, Instagram, etc. Team Active8 respects the privacy of all participants and no names will ever be listed, nor will photos or videos be made available to any entity outside the Team Active8 organization.

PARTICIPATION CONSENT

The undersigned gives permission for the listed child participant to participate in any and all activities related to the Team Active8 program. I understand that I am responsible for picking up my child or arranging for pickup by an authorized person listed on this form. ID may be required at pickup.

X _____ Date: _____
Parent/Legal Guardian

X _____ Date: _____
Parent/Legal Guardian



Visit us online at <http://teactive8.com>!



Behavior & Participation Contract

PARENTS! Please review these rules and expectations with your child so we can set the stage for everyone to have an amazing time in a positive environment.

KIDS! Everyone at Team Active8 wants you to have the best experience possible throughout the 8-week program. This is why everyone must understand and follow our guidelines and rules. Team Active8 is not a school program and there are guidelines and expectations in place to ensure the safety and enjoyment of everyone.

You and your parent or guardian must read and sign this behavior contract. Be sure to return it along with your registration form to the elementary school main office!

I understand that participating in Team Active8 is a privilege and I pledge to abide by the following (add a checkmark to each rule as you read them):

- I agree that I want to be a part of Team Active8 and will participate in all activities and games. If I fail to participate, I can be removed from the program so another child can take my place.
- I will respect all team leaders, volunteers, students, staff, and teachers at all times.
- I understand that profanity and inappropriate words or actions are not acceptable or tolerated and may result in removal from the program.
- I understand that bullying or any aggressive behavior will not be tolerated and can result in removal from the program.
- I will not leave the building or grounds without permission of a Team Leader, the Director, or the Assistant Director.
- I understand that cell phones and other electronic devices are not allowed during program play. I will **TURN OFF** my cell phone and leave it in a secure location. I understand that Team Active8 is not responsible for any lost or stolen property.

I understand that I must attend all 8 sessions to be eligible for prizes, certificates, and raffles. I'm not involved in other sports, activities, or programs that conflict with Team Active8's schedule. If held home from school due to illness, missing a Team Active8 session will be excused.

I will follow the instructions of Team Leaders, the Director, and the Assistant Director throughout the program.

I will check out with a Team Leader, the Director, or Assistant Director before I am released to go home. A parent/guardian or authorized person must come to the gym to sign me out.

I understand that behavior problems may affect my participation in Team Active8.

Should a participant choose not to follow any of these rules, these are the guidelines that the staff will follow to handle the situation (unless severity calls for a stronger response):

1st Instance: Verbal Warning.

2nd Instance: Time out or time away from group with Behavior Warning sent home with child.

3rd Instance: Conference with parent and child to provide final warning.

4th Instance: Removal from program.

- In the event that a participant engages in behavior which causes or poses a threat of bodily harm to himself, others, or facility property, immediate removal from the program may result.
- Situations that will result in automatic removal include: stealing, use of profanity, violence (hitting, kicking, etc.), and intentional property damage. Parents may be responsible for damage to grounds, facility, or equipment.

PARENT/GUARDIAN SIGNATURE:

I have reviewed the discipline policy with my child and agree to all guidelines.

Name: _____ Signature: _____ Date: _____

CHILD SIGNATURE:

I have reviewed the discipline policy and agree to all guidelines. Let's have some fun!

Name: _____ Signature: _____ Date: _____

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