



## PUEBLO OF ISLETA

P.O. BOX 808  
ISLETA, NM 87022

# 2018-2019 Isleta Parks & Recreation Department After School Program

Application Date: \_\_\_\_\_

Name: \_\_\_\_\_ Home Number: \_\_\_\_\_

Address: \_\_\_\_\_

School Attending: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Guardian: \_\_\_\_\_

Emergency Number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medicine Currently Taking/ Allergies: \_\_\_\_\_

Does your child(ren) require any special needs? **YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_

**If yes, please explain:** \_\_\_\_\_

Other Children Enrolled In Program: \_\_\_\_\_

**Persons Authorized To Pick Your Child Up From The Recreation Center:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Does this Participant have permission to walk home? YES: \_\_\_\_\_ NO: \_\_\_\_\_

**Disclaimer** - I understand that the Pueblo of Isleta is not responsible for children who walk to and from the Isleta Recreation Center sites. As the parent/guardian of the child, I assume responsibility for them.

**Consent of Treatment** - In the event that my child should, for any reason, require any medical or surgical treatment and/or medication during the course of his/her attendance or participation in the After School Program, I AUTHORTIZE such physicians or medical staff, to carry out the necessary treatment, or to take my child to the emergency room or the nearest hospital; and further authorization the hospital and its medical staff to provide treatment deemed necessary by them for the well-being of my child. It is understood, however, that if hospitalization or treatment of a more serious nature is required, I will be contacted, if at all possible, by telephone for permission.

**Release of Liability** - I hereby release the Pueblo of Isleta, and Isleta Parks & Recreation Department After School Program and Staff from any liability which may be incurred while my child is participating in the After School Program.

**After School Program Disciplinary Rule** - I understand that if my child acts in any way that is inappropriate to the facility (ie. Disruption of property of the Pueblo, theft, threatening of the Recreation Department Staff, possession of drugs, is under the influence of any drugs or alcohol, or violates any local, state or federal laws) my child will be dismissed from the program immediately. The Isleta Parks & Recreation Department Director or designee will address any other disciplinary issues as they deem necessary and in the best interest of the participant and the Isleta Parks & Recreation Department. Please note, **BULLYING WILL NOT BE TOLERATED! There is possibility in special circumstances when a parent conference is necessary because of a child's behavior. The Recreation center and management reserves the right to suspend or dismiss anyone if deemed necessary for the good of the program.**

**We are not responsible for personal items including theft of any personal items your child may bring to the Recreation Center. Cell phones or any other electronic devices should be kept at home.**

I am the parent or legal guardian of the child named above and give my permission for him/her to participate in the Pueblo of Isleta Parks & Recreation Department After School Program. I hereby give my child permission to attend any field trips. I understand the type of risks involved in any activity and also know that my child may need appropriate clothing, supplies, or a required fee.

\*\*Attendance will be taken every day. Parents must sign out their child prior to leaving the recreation center.

**\*\*\*Your child must be picked up NO LATER than 5:30 p.m. \*\*\***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_