



City of Kingston
Parks and Recreation

Rondout Neighborhood Center Drop In After-School Program

*A program of Kingston Parks and Recreation,
in partnership with Family of Woodstock, Inc.*



Emergency Contact Form (Please complete one per child)

TODAY'S DATE _____

CHILD'S LEGAL NAME _____ MALE / FEMALE

NICKNAME _____ AGE _____ DATE OF BIRTH _____

GRADE (Youth must be enrolled in Kindergarten or above) _____ SCHOOL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PARENT/GUARDIAN'S NAME _____

ADDRESS _____ CITY/STATE _____

HOME PHONE # _____ WORK PHONE# _____

CELL PHONE# _____ OTHER _____

IF PARENT/GUARDIAN IS UNAVAILABLE, SECOND PERSON TO CONTACT:

NAME _____ RELATIONSHIP TO CHILD _____

ADDRESS _____

HOME PHONE # _____ CELL# _____

MEDICAL INFORMATION: ALLERGIES (FOOD, BEES, MEDICATIONS, ETC)

PLEASE DESCRIBE ANY PHYSICAL LIMITATIONS, MENTAL HEALTH ISSUES OR LEARNING
DISABILITIES OUR STAFF SHOULD BE AWARE OF SO THAT WE MAY BEST RESPOND TO YOUR CHILD'S
NEEDS: _____

ADMINISTERED MEDICATIONS: YES _____ TYPE(S) _____

DOES ANYONE IN YOUR FAMILY RECEIVE ANY OF THE FOLLOWING BENEFITS?

PLEASE CHECK ALL THAT APPLY. (Please note that this information will remain confidential and is only collected
so we may report to our funding source.)

___ Family Assistance/Safety Net

___ SNAP/Food Stamps

___ Medicaid

___ HEAP

___ SSI

___ School Lunch (Free or Reduced)

ETHNIC BACKGROUND:

(Please note that this information will remain confidential and is only collected so we may report to our funding source.)

Ethnic Categories	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories	One or More
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

HOW WILL YOUR CHILD BE TRANSPORTED TO and FROM THE AFTER SCHOOL PROGRAM?

Walking/Biking by self (can leave anytime) Walking/Biking by self (must stay until end of program)

Picked up by parent/guardian

The following people may pick up my child (Valid ID will be checked at pick up):

NAME _____ PHONE NUMBER _____

NAME _____ PHONE NUMBER _____

I, the undersigned, for myself and anyone entitled to act on my behalf, waive, release, hold harmless and indemnify in whole, the City of Kingston, the City of Kingston Parks and Recreation Department and Family of Woodstock, Inc., and their officers, directors, representatives and employees from all claims or liabilities of any kind arising from my participation in this program.

I further acknowledge there are certain unanticipated inherent risks involved with recreation programs that may involve fatal, severe or minor physical injury such as but not limited to injury from falls, broken bones, strains, sprains, bruises, or contact with other participants.

In signing this release I acknowledge and represent that I have read it, understand it, and sign voluntarily as my own free act and deed.

SIGNATURE OF PARENT/GUARDIAN

FOR PROMOTIONAL PURPOSES, VIDEOS OR PHOTOGRAPHS ARE OCCASIONALLY TAKEN OF RONDOUT NEIGHBORHOOD CENTER ACTIVITIES. THESE VIDEOS OR PHOTOS MAY BE USED IN PRINT, ON THE WEB OR PUBLIC ACCESS CHANNEL. IF YOU DO NOT WISH YOUR CHILD TO APPEAR IN THIS MANNER CHECK HERE: _____

*Emergency contact forms must be returned to the Rondout Neighborhood Center (Attn: Rob Dassie) before children under the age of 13 can participate in drop in programming without parental supervision. If you have any questions, please call Rob Dassie at 481-7334. The maximum capacity of the program is **45** children at a time with no space "reservations" allowed. Participants must follow the program Code of Conduct, which is attached and is posted on-site.*