



Office:
261 West Dana St.

Mail:
PO Box 346
Nipomo CA
93444

2024 Registration Form

Summer Blast After School Program 6th – 8th Grade

Send to:
Geneva.NipomoRecreation@gmail.com

Office 805.929.KIDS (5437)

www.NipomoRecreation.com

CHILDS LEGAL NAME (One Form Per Child)	DOB	AGE	GRADE Jan 2024	SCHOOL

Insurance Co. _____ **Policy #** _____

FATHER/GUARDIAN NAME: _____ HOME PHONE: _____

ADDRESS: _____ CITY/ZIP: _____ CELL PHONE: _____

EMAIL: _____ WORK PHONE: _____

MOTHER/GUARDIAN NAME: _____ HOME PHONE: _____

ADDRESS: _____ CITY/ZIP: _____ CELL PHONE: _____

EMAIL: _____ WORK PHONE: _____

Person Responsible for Payment: Father Mother CAPSLO CRR Other (please list): _____

EMERGENCY CONTACTS (People who are authorized to pick up your child, and in your absence, may be contacted in case of an emergency)

AUTHORIZED ADULT: _____	PHONE: _____
AUTHORIZED ADULT: _____	PHONE: _____
AUTHORIZED ADULT: _____	PHONE: _____

Any specific activities to avoid? Yes No If YES, what and why _____

Are there any behaviors/concerns/Special Needs the staff should be aware of? _____

Does your child have any allergies which the staff should be aware of? Yes No

If YES, please describe _____

Other significant information about your child that would be helpful to know? _____

Parent's Authorization

In the event that my child needs immediate medical attention for injuries received while participating in a Nipomo Area Recreation Association program, I give my permission for the NARA staff members to administer necessary medical treatment. NARA staff may also admit my child to a hospital emergency room for emergency medical treatment without my consent if I cannot be reached to give permission.

Hospital preferred: _____ City _____

I hereby give consent to the Nipomo Area Recreation Association (NARA) and it's designated leaders to transport my child (named above) by means of walking, public transportation or private bus companies on walking trips, community service learning projects, and field trips with the understanding that such trips are under supervision of authorized personnel of NARA and that all possible precautions are taken to insure the health and safety of my child.

MEDICAL AND LIABILITY RELEASE *Please read carefully before signing:*

The undersigned agrees to hold Nipomo Recreation Association and any other officer or employee thereof harmless from any claim for injury or accident to the above named arising out of or in any way connected with the named activity. I recognize that this program may have some inherent risks and I accept the responsibility to identify those risks and accept them. In case of an accident arising out of the named activity, medical assistance may be administered to the person named herein. This registration form will act as medical release. If the participant is under 18, parent or guardian must sign release.

SIGNATURE _____ **DATE** _____

Official Nondiscrimination Statement

(USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, or political beliefs. Persons with disabilities who require alternative means of communication of program information (Braille, large print, audiotape, etc.) should contact SDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

After Blast Program for Summer Blast Students

Mark "X" in shaded areas with your selection:

After Blast – Pick-Up between 2pm – 5pm Room #101

- This program is FREE
- Your child will need to be in the After Blast Program EVERY DAY
- Your child will need to be in the After Blast Program until at least 3:30pm EVERY DAY
 - *Subject to removal if failure to meet attendance requirements.*

Please Mark "X" For Your Selection

Blast Week 1-4 (June 20-July 19) – Summer Blast Days

Blast Week 5 (July 22nd – 26th) - Summer Blast Days

The After Blast Program is funded by the Extended Learning Opportunities Grant, which dictates priority registration will be granted to our migrant, homeless, foster and English language learner students.

ACCEPTANCE WILL BE FIRST COME FIRST SERVE

REGISTRATIONS MUST BE RECEIVED BY TUESDAY MAY 28TH

Parent/Guardian

STATEMENT OF UNDERSTANDING **I understand and agree to the following: (please initial all items)*

I understand that either I, another **AUTHORIZED ADULT** (noted on the registration), or staff member must sign my child(ren) into/out of the program.

I understand that I am responsible for submitting and paying in full, the program fee.

It is my responsibility to make sure my child has the appropriate shoes and jacket/sweatshirt.

There are NO toys, electronic games, etc. allowed at camp at any time.

Camp is a Soda, Cell Phone and Candy free zone. If any such items are brought, staff will hold until pick-up time.

Nipomo Recreation assumes no liability for children who are not enrolled into the program.

I assume all responsibility for communicating camp policies to whoever is picking up my child.

If my child's behavior is unacceptable/intolerable at camp and harms others, camp property or staff, my child will be suspended or expelled from camp. No refund will be given. I will pick-up my child within 30 minutes of being called by the Nipomo Recreation Staff.

We will follow and act on all current CDC, LMUSD, County, and State guidelines for the safety of youth and staff.

I understand if my child is enrolled in After Blast Program (2-5pm), they are to attend EVERY Day until at least 3:30pm. My child is subject to removal if he/she fails to meet attendance requirements.

Parent/Guardian Name _____ Cell Phone: _____

Parent/Guardian Signature _____ Date _____