

# CITY OF MERCED PARKS AND COMMUNITY SERVICES

## SUMMER PLAYGROUND PROGRAM 2019

**Summer Session: Check all weeks attending:**

Week 1: \_\_\_\_\_ June 10-14  
Week 2: \_\_\_\_\_ June 17-21  
Week 3: \_\_\_\_\_ June 24-28  
Week 4: \_\_\_\_\_ July 1-5 \* No Program July 4<sup>th</sup>\*  
Week 5: \_\_\_\_\_ July 8-12  
Week 6: \_\_\_\_\_ July 15-19  
Week 7: \_\_\_\_\_ July 22-26  
Week 8: \_\_\_\_\_ July 29-Aug 2

**Program Site:**

Rahilly Park  
3400 N. Parsons Ave.  
Merced, Ca 95340  
Monday-Friday  
8:00am-12:30pm

Participant's Name \_\_\_\_\_ Gender: M F DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ (in the fall)

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Legal Guardian Name \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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(Other than parent, an attempt will be made to contact a parent first)

Is child allowed to walk home? \_\_\_ Yes or \_\_\_ No With Siblings? \_\_\_ Yes

Participant's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL INFORMATION:** Please indicate if you ever had any of the following conditions or allergies.

<u>HEALTH HISTORY</u>	YES	NO	<u>ALLERGIES</u>	YES	NO
Asthma	_____	_____	Bees	_____	_____
Diabetic	_____	_____	Food	_____	_____
Epileptic	_____	_____	Penicillin	_____	_____
Operations/Injuries	_____	_____	Other	_____	_____

If yes to any of above, please explain

\_\_\_\_\_  
Please list any program restrictions and/ or any medication taken at time of program:

\_\_\_\_\_  
**IMPORTANT:** Please notify the Recreation Department if child is exposed to any communicable disease during the 8 weeks prior to starting the program.

**The Playground Program is not a Day Care Center. Participants will only be able to sign in once for the day and not allowed to return if signed out.**

**Program Philosophy**

The City of Merced Summer Playground Program is committed to a simple yet comprehensive philosophy focused on participant's wellbeing: be safe, build positive relationships and make it fun. This philosophy is the basis in which our program operates, staff are trained and activities are developed.

**Dress Code**

Participants should wear comfortable clothes that will allow them free range of motion to participate in recreational and athletic activities. Clothes may get soiled with dirt, grass, paint, glue, etc. Unacceptable Attire: sandals, flip-flops, open-toed shoes, revealing clothing, apparel that displays/promotes drugs, alcohol, tobacco, or gang references and excessively loose or baggy pants.

**No Personal Items/ Electronic Devices**

Campers are NOT permitted to bring any personal items from home. This often increases the likelihood of them getting lost, stolen or damaged. In addition, participants shall not borrow, lend or trade items while at camp. Cell phones are NOT permitted at camp. The camp staff reserves the right to confiscate any and all personal items as issues arise. Confiscated items will be returned to the parent at the end of the day.

**Photography Wavier**

I permit the City of Merced to use and publish photographs and/or videotapes of me, my child or my ward for purposes of promoting recreation activities to the community through any media channels. If there is an issue with this, please see the office and provide written exclusions regarding the use of the photos/videos.

**Playground Policies**

I agree to comply with all the rules and regulations of the City of Merced, Parks & Community Services Department regarding all program fees, enrollment guidelines, schedule of events, and other policies specified. I understand and agree that the City of Merced, a chartered municipal corporation will not assume responsibility for a child who has not been properly signed in when he/she arrives for the day or signed out when he/she leaves for the day.

**Late Pickup**

Child protective services may be notified if participants remain more than an hour without contact from the parent. Habitual tardiness could result in dismissal from the program.

**Consent to Treat Minor**

In the event of sudden illness, accident or injury which may occur while said minor is engaged in an activity supervised by City of Merced employees, when neither of the parents or guardians can be contacted, I hereby give my consent for emergency medical treatment as shall be necessary under the circumstances by any physician licensed under the laws of the State of California. I further understand that I shall be solely responsible for all costs associated with the emergency medical treatment provided.

**Field Trips/Transportation**

Field trips provide a fun, interesting change of pace for participants and are not optional, as they are a part of the structured activities of camp. As a result, no alternate activities are planned. Parents that do not wish their children to participate must make personal arrangements for care that day; no adjustment in program fees will be made. Transportation for trips may include public transit, chartered bus, city or county owned vehicles, walking or any combination therein. Due to transportation schedules, all times are approximate. I consent to all field trips offsite as defined by the City of Merced Summer Playground Program.

**Lost Items**

The City of Merced is NOT responsible for any personal items that may have been lost, stolen or gone missing during the program.

**Refund Policies**

Refunds/credit will only be available the same day when registering for summer program with cash only. Credit card transaction will only be credited. There will be no refunds if participant attends at least one day of program. If you are unable to attend summer program after you have registered, you will not be refunded, but only be credited into our system. If you are unable to attend scheduled paid week, transfer to another week is allowed. There will be no refunds. For additional questions, call 209-385-6235.

Participant's Name: \_\_\_\_\_ (please print)

Parent/Guardian Name: \_\_\_\_\_ (please print)

Parent/Guardian Signature: \_\_\_\_\_

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**CITY OF MERCED  
RECRATIONAL PARTICIPANT EXPRESS ASSUMPTION OF THE RISK, RELEASE, WAIVER AND  
INDEMNITY AGREEMENT**

**PROGRAM: City of Merced Summer Playground Program**

**No PARTICIPANT may participate with the Program unless and until this form is initialed & signed by the PARTICIPANT (or the PARTICIPANT's parent/legal guardian if applicable)**

**EXPRESS ASSUMPTIONS OF RISK**

Recreational sports and activities **INVOLVE INHERENT RISKS OF INJURY, DEATH OR PROPERTY DAMAGE** that no amount of care, caution, instruction, or expertise can eliminate. Participation in recreational sports and activities **ALSO EXPOSES ONE TO ADDITIONAL RISKS**, whether inherent or not, caused by things such as conditions of property, equipment provided or conduct of others, including other participants, spectators, or employees/agents/independent contractors of the City of Merced. These risks can be encountered whether or not actually participating in the recreational sport or activity. **PARTICIPANT FREELY ASSUMES ALL RISKS WHETHER OR NOT SPECIFICALLY DELINEATED.** \_\_\_\_\_ (Initial)

**RELEASE AD WAIVER OF LIABILITY**

In consideration for permission to participate in the program, the undersigned agrees to **FOREVER RELEASE, DISCHARGE, AND WAIVE ANY AND ALL LIABILITY CLAIMS OR DEMANDS AGAINST THE CITY OF MERCED** or their employees/agents/independent contractors/volunteers ("Releasees") that the **UNDERSIGNED, HIS OR HER PERSONAL REPRESENTATIVE(S), SUCCESSOR(S) IN INTEREST, ASSIGN(S), HEIR(S), OR DEPENDENT(S)** has or might have against Releasees, whether or not caused by the negligence of Releasees or any other person or entity, arising out of participation in the program. \_\_\_\_\_ (Initial)

**INDEMNITY**

In consideration for permission to participate in the program, the **UNDERSIGNED, HIS OR HER PERSONAL REPRESENTATIVE(S), SUCCESSOR(S) IN INTEREST, ASSIGN(S), HEIR(S), or DEPENDANT(S) AGREE TO INDEMNIFY, HOLD HARMLESS AND DEFEND** Releasees from any legal obligation or liability, whether or not caused by the negligence of Releasees or any other person or entity, arising out of participation in the program. The duty to defend exists independently of any duty to indemnify. \_\_\_\_\_ (Initial)

**ACKNOWLEDGEMENT**

By signing the **THIS EXPRESS ASSUMPTION OF THE RISK, RELEASE, WAIVER, AND INDEMNITY AGREEMENT ("AGREEMENT")**, the undersigned acknowledge(s) that: (1) participation in recreational sports and activities is voluntary and does not involve public interests; (2) that the **AGREEMENT** has been read and understood; and (3) that the **AGREEMENT** is a contract that **EXTINGUISHES CERTAIN LEGAL RIGHTS AND IMPOSES OTHER LEGAL OBLIGATIONS**. Failure to initial where indicated above does not invalidate the **AGREEMENT**. Additionally, if the Participant is a minor his or her custodial parent or legal guardian must read and execute this **AGREEMENT** and by signing agrees to be bound by the **AGREEMENT** and agrees to bind the minor to the **AGREEMENT**.

*Please complete all sections below in order for the waiver to be considered complete. Thank you.*

Participant's Name (Print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Legal Guardian Name (Print): \_\_\_\_\_

Relation \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

(Please Print Clear)

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## Playground Programs Rules & Regulations

- \*Participants must remain in designated areas at all times.
- \*Participants are expected to treat staff respectfully and to follow their instructions at all times.
- \*Participants must respect others and their property and keep their hands, feet, and objects to themselves.
- \*Use of profanity and/or inappropriate language is strictly prohibited.
- \*The City has a zero tolerance policy for violence, threats of violence, teasing, name-calling, harassing, antagonizing, taunting and/or bullying. Violation of this policy will result in immediate suspension.
- \*Participants are expected to clean up after themselves and keep their workspace tidy.
- \*Shirts and closed-toe shoes must be worn by Participants at all times.
- \*Neither the City of Merced nor its staff are responsible for any lost or stolen items.
- \*All disciplinary actions will be at the discretion of the program supervisor, depending upon the severity of the infraction.
- \*Staff reserves the right to refuse entrance to any individual for any reason.

I have read and agree to the above Playground Rules and Regulations.

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Signature of Parent/Guardian

Date

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Signature of Participant

Date

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### Medical Release Form

I hereby request that the City of Merced Summer Playground Program staff administer medication to my child/ward as prescribed by a physician licensed under the laws of the State of California. All medication and information will be properly secured in the office and only accessible by the necessary camp staff.

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Medication	Dosage	Time	Special Notes/Possible Reactions

Prescribing Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**Additional Notes for Program Staff:**

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**Waiver:** I agree to indemnify, defend and hold harmless the City of Merced, a chartered municipal corporation, its officers, agents, and employees from any injury or expense arising out of or resulting from any reaction which my child/ward may suffer as a result of taking the medication(s) previously indicated. I understand that all medication must be in a prescription bottle with the prescribing physician's name, medication will not be accepted in any other container, and children may not medicate themselves. I also understand that medication left after the end of the season will be properly disposed of.

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

Date	Medication	Dosage	Time	Staff Initials

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