

BSA Enrollment Information

START DATE _____

Drop off at the school office or mail to: BSA - 17 Prospect St. - Vermillion SD 57069

Name _____ Grade _____ Birth date _____

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Home Phone # _____ Address _____

Medical Information (Allergies (food, medication, bees) or reoccurring disorders? Does your child take medication? If yes please state dosage: _____

Will the medication need to be given during program hours? _____ If yes, what & when will it need to be given?

Dr's name & # _____ Dentist name & # _____

Insurance Provider _____ # _____

Parent information

1. Name _____ cell # _____ work # _____

2. Name _____ cell # _____ work # _____

Other Emergency contacts (Names & Phone numbers)

Pick Up

- Are the people listed above allowed to pick-up your child? YES or NO
- List anyone not allowed to pick up your child and details?

• Is your child allowed to leave the program alone? YES or NO
(please attach any other pertinent information needed to better work with your child)

CHILDCARE ASSISTANCE: applications available-our provider # is 01060544

Circle Days Attending

(3 DAY MINIMUM – no credit for non attendance):

M T W TH F

Read & Check ALL below:

- I understand that, in the event I do not qualify for child-care assistance, I will be responsible for the payment of \$5.50 per after-school day, \$20 per each early-dismissal day and \$13/half day \$25 full day per summer program day for each child enrolled. (Parents are encouraged to apply for assistance)
- A \$25 supply fee will be charge each semester and in the summer.
- I understand that additional \$ for transportation/admission fees etc could be charged for field trips. I will be notified in advance of those additional costs.
- I understand that all payments must be made in advance with payments due by the 5th of the month. A \$5 late fee will be charged. (Paying your bill on time will be greatly appreciated!)
- I understand that in the event of any absences during contracted program days, I will still be responsible for the full daily fee amount. (A portion of the summer fee may be refunded.)
- I understand children must be picked up by 5:30 p.m. each day. I understand that I will be charged a fee at the rate of \$5 for every 15 minutes after 5:30 p.m. Chronic tardiness could result in dismissal.
- I understand that I, or a designated responsible adult, will come into the building, sign the book and make contact with staff when dropping off or picking up children.
- I understand that I will need to call BSA staff if my child will not be attending the program.
- I understand that if a medical emergency arises the program staff will attempt to contact me. If I can not be reached, the staff will contact my child's doctor if one is listed. If the emergency is such that immediate hospital attention is necessary, an ambulance or emergency vehicle may take my child(ren) to the hospital.
- I give permission for the employees of BSA to administer treatment or authorize emergency medical treatment for the above listed children.
- I understand that medication will not be given to children without my written consent.
- I will keep my child at home if he/she has a fever, diarrhea, has been vomiting or is contagious.
- I understand that my child must come prepared everyday with proper attire (ie coat/hat/shoes)
- I understand that I will need to update my child's file as changes arise.
- I understand that my child(ren) could be dismissed from the program should behavior problems become an issue.
- I give permission for the above listed children to leave BSA for trips to museums, the park, the armory, etc. I understand the children will be walking or using public or school transportation. Further, I release the Vermillion School District, the transportation company and BSA and all employees of said mentioned organizations from any liability.
- I give my permission for the above listed children to appear in any media coverage approved by BSA & the BSA yearbook

I agree to adhere to the stated policies and procedures of BSA as stated here and in the Parent Handbook and I give my child(ren) permission to participate fully in the program.

Date

Signature

Relationship to child(ren)

Waiver of Liability, Indemnification & Medical and Travel Release

The undersigned parent or guardian does hereby acknowledge the he/she is aware of the dangers involved in participating in the Beyond Summer Adventures program.

Said undersigned parent or guardian does hereby represent that he/she is acting in such capacity and agrees on behalf of the participant and his/her executors, administrators, heirs, next of kin, successors and assigns to:

1. Waive, release and discharge from any and all liability for participant's death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to participant and his/her estate BSA, the Vermillion School District, the state of SD and any of the officer, agents and employees of above stated and
2. Indemnify and hold harmless BSA, the Vermillion School District, the state of SD and any its officers, agents and employees of above stated from and against any and all liabilities and claims made by other individuals or entities as a result of the participant's participation or actions during this activity or event.

The undersigned further consents to and authorizes medical treatment to the participant which may be deemed advisable in the event of injury, accident, or illness.

The undersigned also consents to and authorizes the participant to travel to various field- trip sites throughout the summer. The above waiver will apply to any and all incidents that may occur while on route and on location. This release and waiver should be construed broadly to provide release and waiver to the maximum extent permissible under the applicable law.

I, the undersigned, acknowledge that I have read and understand the above Release.

Name of minor _____ Date of birth _____

Address _____

Name of Parent/Guardian _____

Signature of Parent/Guardian

Date _____

Pool Policy/Permission slip

Weather permitting (Prentis Park Pool/Dome Pool/Summit Center/Wild Water West, etc)

- Pool rules will be followed.
- Swimming ability will be determined by the lifeguard present who will decide which pool a child will be allowed to swim in. (children must know how to swim to be in the big pool)
- All children will arrive at the pool with a BSA employee and will not be allowed to leave the pool without written parental consent.
- Parents who drop off their children at the pool may not leave until they have notified a BSA employee of their child's arrival and should verify that their child's name has been added to the attendance list.
- Any child who does not obey the instructions of a BSA employee or Pool staff member will not be allowed to swim for the rest of the day.
- A signed permission slip must be on file for a child to be taken swimming.
- No child will be allowed to jump off a diving board or go down slides without the permission section below signed by a parent of guardian.
- Children are not advised to bring extra money to spend at the pool as theft, jealousy and pressure often accompanies such a situation.

Items needed EVERY pool day

✓ Plastic bag ✓ Swimsuit ✓ Towel ✓ Sunscreen (summer)
(Cap, comb or brush, thongs are optional) Please mark each item with child's name!

Pool Permission

Child(ren)'s

Name(s) _____

I understand the pool policies for children taken to the swimming pool by BSA.

I give my permission for my children listed to swim at the pools under the supervision of BSA and the swimming pool staff.

Parent/Guardian Signature _____ date _____

Permission to DIVE

I give my permission for my child(ren) _____
to jump off the diving boards at the pool.

Parent/Guardian Signature _____ date _____

Permission to SLIDE

I give my permission for my child(ren) _____
to use slides at the pool.

Parent/Guardian Signature _____ date _____