



CITY OF SANTA FE
RECREATION DIVISION

S A N T A F E
TEEN CENTER

City of Santa Fe Teen/Afterschool/Day Camp/Program Registration Packet

Registration is on a first come, first serve basis. Space is limited. Programs are for teens 12-19.

Proof of age is required, please provide one of the following:

Birth Certificate/Immunization Records/Passport

Please provide 2 proofs of income (Summer Camp Only)

Child Name: _____ Date: _____ Age: _____

School Child Attends: _____

Are you a current City of Santa Fe Employee? Yes No if yes, department _____

Do you live in Santa Fe City Limits Yes No Do you live in Santa Fe County Yes No

Child Name _____ DOB: _____ Age: _____

Address: _____ City: _____ Zip: _____

Name of the School your child attends: _____

Do you grant permission to the City of Santa Fe Staff to assist your child with application of sunscreen?
(check one) Yes No

Do you grant your child to watch G and PG rated movies while attending the City of Santa Fe youth program?

(check one) Yes No

Parent/Legal Guardian Contact 1: _____ Email: _____

Cell: _____ Work: _____ Home: _____

Parent/Legal Guardian Contact 2: _____ Email: _____

Cell: _____ Work: _____ Home: _____

Emergency Contact 1: _____	Email: _____	
(Other than parent/guardian)		
Cell: _____	Work: _____	Home: _____
Emergency Contact 2: _____	Email: _____	
(Other than parent/guardian)		
Cell: _____	Work: _____	Home: _____

Authorized Pick-up One: _____	Phone: _____
Authorized Pick-up Two: _____	Phone: _____
Authorized Pick-up Three: _____	Phone: _____

My child is allowed to check themselves out of the Teen Center Location ONLY.

(check one) Yes No

My child has a fully completed membership at the Teen Center

(check one) Yes No

*Is there anyone not authorized to pick up your child? Name: _____
(please inform the teen staff and provide documentation of custodial arrangements/restraining orders. We understand this is a sensitive subject, however it is important for the safety of your child).*

Allergies/Restrictions

Is your child allergic to any medications, foods, environmental or other substances? Yes No

If yes, list allergens, describe reactions when exposed and treatment required: _____

Is your child restricted from eating certain foods or participating in any activities? Yes No

If yes, list restrictions: _____

Medications

Does your child currently take medication? Yes No If yes, what _____

Why? _____ When? _____ How? _____

Behavioral

Does your child have any sensory physical and/or behavioral difficulties that you believe would be helpful for the supervising staff? Yes No If yes, what _____

Medication Procedures:

New Mexico state law prohibits persons from giving medications to a child unless they are the child's parent or guardian, relative, or licensed health professional. Teens will self-administer inhalers, and inject-able

medication, and apply sunscreen and bug spray when needed. For safety reasons, teens may not maintain possessions of their medication while in teen programs. The teen staff will hold medication for them.

Parents/guardians must complete a Medication Documentation Administration form. They must also provide an actual prescription bottle with the correct pharmacist label and matching medication inside the bottle, enough for the same day only.

INFORMED CONSENT & AUTHORIZATION for EMERGENCY TREATMENT and TRANSPORTATION

1. I understand that I will be notified if my child, listed on this form, becomes injured and/or ill while attending the city of santa fe programs.
2. I agree that upon notification of my child's injury/or illness, I will have her/him picked up immediately.
3. In case of an emergency or when I cannot be reached, I hereby give authorization to the City of Santa Fe teen program staff to contact other parents, legal guardians, and/or emergency contact people listed on this form. If no one listed on this form can be reached, then I hereby give authorization to the City of Santa Fe Teen program staff, agenda, and the treating physician to obtain and provide whatever medical treatment and/or transportation deemed necessary for the immediate welfare of my child, listed above.

Conditions of enrollment: I have read, understand and agree to the terms and conditions listed on this Medical History and Emergency Contact Form and the City of Santa Fe's Assumption of risk, waiver, and release from liability' form as they relate to my child. I understand that it is my responsibility to provide accident and health insurance coverage for my child and I will be financially responsible for all charges and fees for emergency treatment and/or transportation, regardless of whether my medical insurance covers such charges and fees.

Parent/Guardian Signature _____ Date: _____

Medication Policies

Only medications that are prescribed by a physician or necessary to treat a disability are allowed at teen programs. In order to bring Epi-pen, inhaler, or other medications to camp, a parent/guardian must submit a completed Youth Program Medication form prior to the start of the program.

Approved medications:

- Be in the original prescription container
- Be clearly marked with the child's name
- Have current date (not expired)
- Be brought to teen programs staff upon arrival

Teen staff are not medical professionals and are not authorized to administer medication (staff are CPR/First Aid Certified)

- Children are required to self-administer medications whenever possible
- Camp staff are trained in administering epi-pens and may assist with administration in an emergency
- If a child is not authorized to self-carry, teen staff may hold the medication until the child asks for it
- Camp staff are not authorized to remind children of medication times

To be completed by Parent/Guardian or Healthcare Provider

Child Name: _____ Date of Birth: _____

Diagnosis: _____

Symptoms: _____

Instructions for Storage/Refrigeration: _____

Parent/Guardian Specific Information

Parent/Guardian Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Number: _____ Other Number: _____

Medications must be in the original prescription container with the child's name clearly marked on the medication and the date must be current.

Please initial all that apply: Children will only be allowed to self-carry medication with parent authorization.

_____ I authorize my child to self-carry their prescribed medication listed above

_____ I request that a staff hold my child's approved prescribed medication

RELEASE OF LIABILITY

I, or we as the legal parent(s) or Guardian(s), of the registered child do hereby agree to the release, hold harmless and forever give up any claim against the City of Santa Fe that may arise in the future for damage on account of bodily injury or property damage in any manner out of participation in the Teen Program(s). By signing the parental Agreement, you have acknowledged that you fully understand the conditions of the program and the potential actions that the program administration can take should there be any violations of the rules and policies either on your behalf or on the behalf of the child. By signing this form, you grant permission for your child to be transported to the Santa Fe Teen Center and Program locations in the City of Santa Fe van(s)

PARENTAL AGREEMENT

1. Operating hours are after school to 8:00 pm Monday through Friday. For liability reasons, parents MUST pick up their children no later than 8:00 pm. The City of Santa Fe may drop your child from the program should this condition be violated. A warning will be issued immediately upon the first violation. A 3-day suspension will be issued should a second violation occur. Termination of the child participant will occur in the event of a violation.
2. If anyone other than the parent will be picking up your child, you must provide the City with a written authorization and the name of the individual(s).
3. Children will not be allowed to leave the site on their own. For children who do leave the site, staff have been directed to immediately inform the parents. Children will be subject to suspension or expulsion from the program should they leave the program should they leave the program without formal authorization from parents and legal guardians.
4. Parents are required to sign a permission slip when their child is going on a field trip or to watch movies or videos.
5. Personal items such as cell phones, handheld gaming devices, Wi-Fi connected tablets, personal music players, toys, stuffed animals etc., are prohibited at the teen programs. The Recreation Division will not be held responsible if an item is lost, misplaced or stolen. If a child is caught using cell phones or electronics during the program without proper use within code of conduct guidelines or without permission will have them confiscated and returned to the parent/guardian at the end of the day. The child will be given a formal warning, and any further disciplinary action may be taken, including suspension or expulsion. Staff will be maintaining an incident log on those children who fail to comply with the program rules and regulation, especially in cases where the safety and wellbeing of the other children is at risk. Parents whose children do not adhere to rules and regulations will be notified. Child(ren) can and or will be suspended/expelled from the program depending on the sensitivity of the incident.
6. Staff will maintain an incident log on those children who fail to comply with the program rules and regulation, especially in cases where the safety and well being of other children is at risk. Parents will be notified whose children do not adhere to the rules and regulations and can and or will be suspended or expelled from the program, depending on the severity of the incident.
7. Children will be responsible for the care and use of the program equipment. Children who abuse or damage the equipment, property, or location of programming are subject to suspension and or expulsion from the program and any damages will be assessed to the parent/guardian(s).
8. Parents must notify staff if the child will not be attending in order to be excused. Children with 3 unexcused absences will be dropped from the program and the slot will be filled by a participant on the waiting list.
9. If your child becomes ill at home (e.g. cough or flu), that can infect other children. DO NOT bring the child to the program. Parents will be notified to take their child home should the child arrive ill or become ill during the program.
10. Program staff are prohibited from administering any medications to the children. This is the sole responsibility of the parents.
11. Parents shall communicate and introduce themselves to the staff of their child.
12. Telephones are available at all times. Be sure to ask a staff member for the direct number. Parents are to call the location or number provided ONLY in cases of emergency or to notify staff of absence.
13. On special event days, i.e., field trips, children must arrive several minutes prior to departure in order to participate. Information will be successfully provided to parents in advance by the site supervisors.
14. Photographs, video and/or general information may be published in, or used by, any media or mass communication (including newspapers, magazines, television, pamphlets, etc.)
15. All parents must provide their signature acknowledging the Rules and Regulations of the Teen Program prior to or at the time of registration.
16. Children must be potty trained and able to care for all their restroom needs. If unable to do so, we will not register your child due to staff ratios and special attention needs. If this determined 8 week program, the teen participant will be dismissed from the program due to safety and health issues.
17. Parents who disrespect program staff or rules and regulations will have their child disenrolled from the teen program.

Signature: _____ Date: _____

TEEN PARTICIPANT RULES AND REGULATIONS

1. Fighting, bullying, abusive or foul language or racial teasing is not allowed and WILL NOT be tolerated and can lead to expulsion from the program.
2. Disrespectful acts toward staff will not be tolerated. Such acts will be subject to suspension and/or expulsion depending on the severity.
3. Children will not be allowed to leave sites unless the parent has provided special permission.

4. Safety rules will be enforced to prevent accidents or injuries. Engaging in any activity that could endanger your health or the safety of others will not be permitted.
5. Drugs and alcohol will not be allowed on or around program sites. Anyone under the influence of drugs or alcohol will not be permitted to remain on the premises and police will be called.
6. The City of Santa Fe teen programs will not be responsible for lost, stolen or damaged articles, such as cell phones etc.
7. No eating or drinking will be allowed in the transportation vans or buses. Food fights will not be tolerated.
8. No type of weapon will be allowed in program sites. Violation of this rule will result in expulsion.
9. The telephone is for business purposes only. Supervisors will not allow children to use the phone unless an urgent matter arises.

THE ABOVE RULES AND REGULATIONS WILL BE ENFORCED. DEPENDING ON THE SEVERITY OF THE OFFENSE, THE CHILD MAY BE SUBJECT TO SUSPENSION AND WILL NOT BE ALLOWED TO RETURN OR PARTICIPATE IN THE SUMMER YOUTH PROGRAM.

Medical Release and Authorization (To be completed by Parent/Guardian)

Medication must be in its original container with the original label attached and labeled with the child's name. Parent/Guardian, physician, or dentist shall provide written instructions to City staff concerning the administration of medication. Written instruction will be valid for 12 months unless a shorter period is designated by the parent/guardian, physician, or dentist.

The parent/guardian is responsible for submitting a new form each time there is a change in medication, or dosage. The City of Santa Fe is not responsible for any unauthorized medication taken independently by the child, The medication should be taken at home whenever possible.

Waiver and Release:

I understand that I am required to cooperate with the City of Santa Fe with regard to the administration of my child's medication. I understand that medications cannot be administered by the city of Santa Fe Teen Program staff, It is my responsibility to make arrangements for my child's medication. I hereby acknowledge that the City of Santa Fe personnel are not trained medical professionals and cannot guarantee nor be responsible for a satisfactory outcome of the administration of medication by the City of Santa Fe personnel. Release authorization on dates and/or duration of the registered season/program. This release is authorized and executed with the sole purpose of authorizing treatment under emergency circumstances, for the protection of life and limb named minor child, in my absence. I have read, understand and agree to the terms and conditions listed on the Medication Policy, and the City of Santa Fe's "Assumption of risk, waiver, and release from liability" Form as they relate to my child.

Parent/Guardian Signature _____ **Date:** _____

Name of Child _____