

# COMMUNITY AFTER SCHOOL PROGRAM (CAPS) REGISTRATION

[parks.raleighnc.gov](http://parks.raleighnc.gov)



Raleigh  
Parks

## PARTICIPANT INFORMATION (One form per participant – Copy as needed)

*\*required field*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Preferred Name \_\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
\*Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
School Name \_\_\_\_\_ Grade \_\_\_\_\_ Track # (if year-round student) \_\_\_\_\_

## PARENT GUARDIAN INFORMATION

*\*required field*

\*Mother/Guardian Last Name \_\_\_\_\_ \*First Name \_\_\_\_\_ \*Email \_\_\_\_\_  
\*Address \_\_\_\_\_ \*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_  
\*Home # \_\_\_\_\_ \*Work # \_\_\_\_\_ \*Mobile # \_\_\_\_\_  
\*Father/Guardian Last Name \_\_\_\_\_ \*First Name \_\_\_\_\_ \*Email \_\_\_\_\_  
\*Address \_\_\_\_\_ \*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_  
\*Home # \_\_\_\_\_ \*Work # \_\_\_\_\_ \*Mobile # \_\_\_\_\_  
\*I authorize my child to walk home from the program at \_\_\_\_\_ p.m. \*Parent Initials \_\_\_\_\_

## EMERGENCY CONTACT AND RELEASE AUTHORIZATION

*\*required field*

Please list in order the names of individuals other than parents/guardians who are authorized to be contacted in case of an emergency and allowed to pick up the participant. Authorized individuals must be 16 or older and will be required to show a picture ID. Please print all names.

\*Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
\*Address \_\_\_\_\_ \*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_  
\*Home # \_\_\_\_\_ \*Work # \_\_\_\_\_ \*Mobile # \_\_\_\_\_

Please check the box if you authorize staff to disclose information about the participant's behavior and other activities at CAPS.

\*Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
\*Address \_\_\_\_\_ \*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_  
\*Home # \_\_\_\_\_ \*Work # \_\_\_\_\_ \*Mobile # \_\_\_\_\_

Please check the box if you authorize staff to disclose information about the participant's behavior and other activities at CAPS.

\*Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
\*Address \_\_\_\_\_ \*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_  
\*Home # \_\_\_\_\_ \*Work # \_\_\_\_\_ \*Mobile # \_\_\_\_\_

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## City of Raleigh Policies

### REFUND POLICY

- When an activity is cancelled by Raleigh Parks, fees are 100% refundable.
- Any participant wishing to withdraw from an activity or league must do so at least 14 days prior to the scheduled start of the activity or league. Refunds must be requested online through RecLink, by email to [reclinksupport@raleighnc.gov](mailto:reclinksupport@raleighnc.gov), or provided in writing to the Recreation Business Office, 2401 Wade Avenue, Raleigh, NC 27607 or by email to [camp.registration@raleighnc.gov](mailto:camp.registration@raleighnc.gov).
- Withdrawal and cancellation requests after the 14-day notice period will be granted, but no refund credit will be given – with the exception of approved medical or hardship cases. Medical and hardship cases are considered on a case-by-case basis and may require additional documentation.
- Non-attendance or non-participation in an activity does not entitle the patron to a refund/credit.
- If you wish to leave your credit on your account, the credit will be valid for one (1) year. By leaving the credit on the account, the participant also agrees that credits remaining inactive after one (1) year will be donated to the Raleigh Scholarship Fund, without further notification.

### PHOTO/MEDIA POLICY

I acknowledge and agree that the City of Raleigh may take photographs and video of individuals or groups participating in programs and events and may use any photographs(s) and/or video taken of me or my child to publicize the program and for other City-related purposes.

### CITY OF RALEIGH RELEASE, INDEMNITY AND AGREEMENT NOT TO SUE

I understand that participating in the recreational program selected involves risk of injury or illness. These risks include, but are not limited to, inclement weather, accidents while traveling, food related illness, equipment problems or failures, contacts with and actions of other participants, spectators, and volunteers, slips/trips/falls, and musculoskeletal injuries, among others. I choose for myself or for my child to participate in the selected programs despite the risks.

By selecting "agree", I acknowledge all risks of injury, illness, death, and property damage, and affirm that I have assumed all responsibility of injury, illness, or death in any way connected with participation in the program. I also agree for myself and for any child participant to follow all rules and procedures of the program and to follow the reasonable instructions of the teachers and supervisors of the program.

In return for the opportunity to participate in this program, I agree for myself and for my heirs, assigns, executors, and administrators to release, waive, and discharge any legal rights I may have to seek payment or relief of any kind from the City, its employees or its agents for injury, illness, or death resulting from this program. If I am registering a child for a program, I agree that I am a parent, legal guardian, or am otherwise responsible for the child whose application I am submitting and that I release, waive, and discharge any legal rights that I may assert on behalf of the child participation in the program. I also agree not to sue the City, its employees, or its agents and agree to indemnify the City for all claims, damages, losses, or expenses, including attorney's fees, if a suit is filed concerning an injury, illness, or death to me or to my child resulting from participation in the program.

#### By signing below, I acknowledge that:

- The City of Raleigh provides no insurance coverage for participants;
- I understand I am waiving my legal rights;
- In the event of a medical emergency, every effort will be made to contact parent(s)/guardian(s). I authorize the City of Raleigh staff to seek appropriate medical care if a parent/guardian cannot be reached;
- I have selected an appropriate program for the interest and abilities for the participant and that the information I have provided is current and accurate.

**Signature is required to complete the registration process.** Any person listed as the parent or guardian on the registration form may add or remove an authorized pick-up. Staff will release information about the participant only to those person(s) listed.

Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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## PARTICIPANT INFORMATION (One form per participant – Copy as needed)

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

The City of Raleigh Parks, Recreation and Cultural Resources Department welcomes the participation of all individuals, including those with disabilities or special needs. We are committed to compliance with the ADA and will provide reasonable accommodations to facilitate participation in our programs. **To ensure that reasonable accommodations are in place, program registration or accommodation request should be received at least two weeks prior to the start date of the program.** For more information please contact Inclusion Services at 919-996-2147.

The City of Raleigh recommends that parents or guardians consult their participant's pediatrician or health care professional to assess their participant's ability to participate in the program. It is requested that parents or guardians provide in writing any additional instructions for the specific condition or special need of their participant.

I want Parks, Recreation and Cultural Resources to know about these medical conditions for my child:

Do you request an ADA accommodation?  YES  NO

If yes, someone from inclusion Services will follow-up with you regarding your request, or you may contact Inclusion Services directly at 919-996-2147

I want Parks, Recreation and Cultural Resources to know about these disabilities for my child:

If participant has any allergy that could result in anaphylaxis (example: tree nut or bee allergy), please note that we strongly encourage providing your participant with an EpiPen to keep at the program site.

Has an EpiPen been prescribed for any of the allergies listed above?  YES  NO

Are you providing an EpiPen for use at the site?  YES  NO

Please check here to verify that you will not be providing your participant with an EpiPen for the allergy listed above, that you understand the risks of not doing so, and that you release the City of Raleigh from any and all liability regarding treatment of your child in the event of a life-threatening allergic reaction.

In the event of a life-threatening allergic reaction, program staff will immediately call 911. We do not have EpiPens on site available for use.

Do any medications need to be taken during program hours?  YES  NO

If yes, additional forms are required.