

~~* Airway Heights Parks & Rec *~*~*

AFTER School DROP-IN

Monday through Friday 3:00pm to 6:00pm

****Hours And Days Subject To Change Without Notice****

Open to kids ages 8 to 14.






Pool Table  **FOOSBALL**  **Ping Pong** 

 **Board Games** 

Puzzles 

Internet 
(Parent permission required)

Wii & PS2
(E & E 10+ Rated games only)

Sports Equipment
    

& MORE!!!

The After School Drop In is a safe, supervised program for kids in the community to come and hang out. All participants must have a completed participation waiver to participate in the program. This program is being offered FREE to children in the community.

*****PARENTS PLEASE BE ADVISED*****

This is not a babysitting service.

Participants unable to follow supervisors directions will be sent home, and may be banned from future participation.

For more information please call
The Parks & Recreation Department at 244-4845

Registration Information:

Child Info:

Name _____ Age _____ DOB ____ / ____ / ____

Parent(s) or Guardian(s) Info:

Name _____ Name _____

Home # _____ Work # _____ Cell # _____

Address _____

Are you a resident of Airway Heights? Yes _____ No _____

Would you like to be added to our mailing list of upcoming programs and events? Yes _____ No _____

If Yes please write down your email address:

Participation Waiver and Medical Authorization Form

Purpose: To give permission for participation in Airway Heights Recreation Programs.

To enable parents and guardians to authorize the provision of emergency treatment for their children who are injured or become ill while under the authority of the Airway Heights Recreation Department in the event parents or guardians cannot be reached.

This is to acknowledge that we, the undersigned, parent(s) or legal guardians of

(Child's Name) _____

recognize that because of the potentially hazardous nature of RECREATIONAL ACTIVITIES that an injury might be sustained. In the event of such an injury to my child and we (I or my spouse or child's guardian) cannot be contacted, we give permission to a qualified and licensed physician to render such treatment as would be normal and agree to pay the usual charges for such treatment.

We (I) release the City of Airway Heights, it's employees, it's agents, it's volunteers, and its assigns from any personal injuries or damages caused by or having any relation to the activity. I understand that this release applies to any present or future injuries and that it binds my heirs, executors and administrators.

This release form is completed and signed of my own free will and with full knowledge of its significance. I have read this release and understand all of it's terms.

I agree that photographs taken of this child during such activities may be used for promotional purposes.

Parent or Guardians signature _____ Date _____ Phone# _____

Family Physician _____ Address _____ Phone# _____

Preferred Hospital _____

EMERGENCY CONTACT(not yourself) _____ PHONE# _____

Specific facts concerning child's medical history including allergies, medications being taken, chronic illness or other conditions which a physician should be alerted:

Airway Heights Community Center's Internet Policy Agreement Form

Dear Parent or Guardian:

In an effort to increase the recreational and leisure resources to our community, the Department of Parks, Recreation and Community Services offers access to several computers with the ability to connect with the Internet in our Community Center. **These computers may only be accessed when there is a staff member present.** Because of the unpredictable content of the Internet, we are initiating a parental consent form for access to these computers. Access to our systems are closely monitored by the staff on hand. If at anytime the staff suspects wrongdoing we reserve the right to suspend use of our systems.

Steps for Internet access:

- Read, understand and sign the Internet policy agreement form.
- Sign up with a staff member first.
- Use a computer that is already turned on.
- Time limit may vary due to demand.

Restrictions for Internet use by minors include, but not limited to:

- No downloading any material of any kind will be permitted.
- Sending or displaying offensive messages or pictures. Visiting sites that contain any sexual content.
- Visiting sites that contain or using obscene language, including hate mail, harassment, or discriminatory remarks.
- Using network resources for illegal activity, including gaining unauthorized access to resources or entities.
- Attempting to harm or destroy data or computer hardware of another, network, Internet, including uploading viruses.
- Violating copyright laws (no file sharing).
- Using network services for a commercial, political or profit-making enterprise.

The City of Airway Heights makes no warranties of any kind, whether expressed or implied, for the telecommunications services it provides. Use of any information obtained via the Internet is at the user's own risk. The City of Airway Heights specifically denies any responsibility for quality of information obtained through its network. Users must be aware that there are many services available on the Internet that may be offensive to certain user groups. The management cannot eliminate access to all such services. Individuals are solely responsible for any actions or communications they make while on the Internet.

Youth

As a user of the City of Airway Heights Community Centers computers, I understand and consent to abide by the policies mentioned. I understand that access is a privilege, not a right. I further understand that any violation of the regulations and procedures may constitute a criminal offence. Should I commit a violation, my access privileges will be revoked, future access may be denied, if warranted, future participation in recreational programs provided may be denied. When applicable, law enforcement agencies will become involved.

Name of Youth (printed clearly) _____

Youth Signature _____ Date _____

Parent or Guardian

As the Parent or Guardian of this youth, I understand and consent that Internet access is for recreational, educational and leisurely purposes. I understand that some materials on the Internet may be objectionable or inaccurate. I also recognize that it is impossible for any department of the City of Airway Heights to restrict access to all controversial materials found on the Internet. That I will not hold the City of Airway Heights or its agents responsible for any use by my child of the Internet or computer network. Further, I accept full responsibility for supervision if and when my child's Internet use is conducted outside the community center setting. I hereby grant permission to issue access for my child and certify that the information on this form is correct.

Parent or Guardian's Name (printed clearly) _____

Parent or Guardian's Signature _____ Contact Number _____