

AIRWAY HEIGHTS PARKS & RECREATION

Homework Help

Games

Cooking
Projects

Character
Building
Activities



Field
Trips

CRAFTS

Community
Projects

After School

Snack & Juice

After School Mentoring Program Grades 3rd - 4th - 5th

Participants will be picked up in the Sunset gymnasium everyday at 3:00pm and escorted to the Airway Heights Community Center where they will receive a snack and juice, homework help and participate in the days activity.

Please have participants picked up everyday no later 5:30 pm.

*****PROGRAM IS LIMITED TO 12 PARTICIPANTS*****

MARK THE MONTH (S) YOU ARE REGISTERING FOR

*** REGISTER AT CITY HALL ***

_____ January - \$71.00 (No School January 16th)

_____ February - \$71.00 (No School February 20th)

_____ March - \$139.00 (Includes Early Release days March 1 - 6)

REGISTER FOR ALL 3 SESSIONS & SAVE \$\$\$

_____ January - March - \$290.00

For more information on youth programs and events visit the Parks & Rec Dept. at 13120 W 13th Ave (next to the Library) or call 244-4845. You can also visit us on the web at www.cawh.org

Like Airway Heights Parks & Rec on Facebook at www.fb.com/ahparksandrec

Registration Information:

Child's Name _____ Age _____ Grade/Teacher _____

Parent Name(s) _____

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:

Child Pick Up Authorization Waiver

Purpose: To give permission for people to pick up my child from the Falcons Club.

The people listed below have my permission to pick up my child from this activity. Please inform people that they will be asked to sign the child out when picking them up from the activity.

