

**City of Lake Oswego Parks & Recreation Department
2016-17 ASAP Permission Slip**

To insure each participant's safety and protection, the following information must be completed for each child prior to participation in our program. By completing this form, the parent/guardian is permitting this child to participate in the ASAP (After School Activity Program) program at Palisades.

ASAP strives to provide appropriate, supportive activities for all participants. Information about the participant provided to us, increases our ability to provide a rewarding experience. IF A PARTICIPANT IS BEING TREATED FOR A MEDICAL OR MENTAL CONDITION, OR IS PARTICIPATING IN AN IEP (INDIVIDUALIZED EDUCATION PROGRAM) AT SCHOOL, WE REQUIRE A CONFIDENTIAL CONSULTATION WITH THE TEEN PROGRAM COORDINATOR ABOUT THE ASAP PROGRAM AND THE PARTICIPANT'S ABILITIES AND NEEDS. For safety and liability reasons, staff reserve the right to remove any participant who displays aggressive or challenging behaviors that are inappropriate in this setting. Alternative program options will be recommended when possible.

Date: _____ School/Grade: _____

Name of Participant _____ Date of Birth: _____

Parent/Guardian Name _____ Home Phone _____

Street Address _____ Work Phone _____

City, State & Zip _____ Mobile Phone _____

Emergency Contact _____ Phone _____

Email Address: _____ Would you like a monthly email of the Teen Scene Newsletter? Yes No

Does the participant take any medications? __Yes __No (A medication form must be on file before medication can be taken during program)

List any dietary restrictions/allergies/other medical conditions we should be aware of : _____

Does the participant require any special accommodations to participate in this program?

ACKNOWLEDGEMENT OF PROGRAM DESIGN

I, the undersigned, as parent/guardian for the named minor participant, understand the following characteristics of the After School Activities Program:

ASAP is designed for independent, self-directed teens.

ASAP is not a childcare/daycare program.

Youth participants will be allowed to sign themselves out of the program at will.

The ASAP program provides oversight of program activities. Participants must be pre-registered for ASAP program activities utilizing the City of Lake Oswego Parks & Recreation Department designated registration format. Participants will be required to follow program guidelines which were developed in cooperation with the Lake Oswego School District policies and the City of Lake Oswego Parks & Recreation Department procedures. Program procedures are available on-site. Movies shown at ASAP could include ratings of G, PG or PG-13. Video games utilized in the program are rated E (everyone) or T (teen). Television shows shown at ASAP are rated TV-PG. The McKenzie Teen Lounge allows TV-14 rated television after 5pm.

(Parent Signature)

MEDICAL CONSENT & LIABILITY RELEASE

I, the undersigned, as parent/guardian for the named minor participant, understand that during any Lake Oswego Parks & Recreation Department Programs, he/she may suffer from aches, pains, strains or other injuries, including death or dismemberment. I understand that any cost for any expenses, such as medical bills, doctor bills and lost wages, incurred as a result of accidental injury or death while participating in Parks & Recreation Department programs **WILL NOT BE PAID** by the City of Lake Oswego. I understand that the City of Lake Oswego Parks & Recreation Department provides transportation from selected schools to the West End Building and to and from selected field trips, and that I may transport my minor participant in my own vehicle or car pool with others at my own risk.

I understand that any special physical or mental condition the above named minor participant has may be affected by participation in this program. I understand that it is my responsibility to consult a physician about any questions I might have regarding the advisability of participation in this program. I do hereby authorize employees or agents of the City of Lake Oswego to consent to emergency medical, surgical or dental examination, treatments, etc. to be administered to my minor participant in the event of accident or sudden illness during Parks & Recreation Department programs.

I, the undersigned, intending to be legally bound, hereby for myself, my heirs, executors, administrators, waive, release and hold harmless the City of Lake Oswego, its employees, officers, agents, volunteers, and all other parties and their representatives, successors and assigns from any and all loss or damage resulting directly or indirectly for injuries suffered by the named minor participant or me in this program. I attest and verify that the minor participant is participating with my approval at their own risk.

Date: _____

(Parent Signature)

If you have any questions or comments please feel free to contact Cydney Fletcher, Teen & Youth Program Coordinator at 503-697-6589.