



LRAC USE ONLY  
 Acceptance Date: \_\_\_\_\_  
 Notified By: \_\_\_\_\_

## DUC After School Care Application

**Submission of this form does not guarantee a place in our after school program.** Space is limited. Applications will be processed in the order they are received. *A \$25 registration fee must accompany this application in order for it to be processed. (LRAC members may charge their Club account.)* Students seeking full-time after school care and those participating in LRAC provided transportation receive preference over part-time after school care applicants and those that provide their own transportation. Please call the DUC at 225-3601, ext. 314, for more information.

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Do you require Club-provided transportation from school to the LRAC?  Yes  No

Will your child participate in Junior Tennis?  Yes  No      Swim Team?  Yes  No

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Mother's Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Is child an LRAC Member?  Yes  No      Kid's Club Member?  Yes  No

**Medical Information**

Person to contact in case of emergency if parents cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Room of choice: \_\_\_\_\_

Allergies, medications, special conditions including but not limited to asthma, diabetes, sun sensitivity, seizures or fainting spells (please provide specifics): \_\_\_\_\_

Will the LRAC need to dispense medication? (circle one)      YES      NO

**Pick-Up Authorization**

My emergency contact is authorized to pick-up my child from the LRAC.

Other adults authorized to pick-up my child from the LRAC include:

Name	Relationship	Address	City/State/Zip	Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*(continued on back)*

### Swimming

An American Red Cross certified lifeguard is on duty during all after school swimming activities at the LRAC. To further ensure the safety of all children, we follow a strict staff/child ratio at all times.

- \_\_\_\_\_ My child is able to swim by himself/herself and I give him/her permission to do so in this program.  
\_\_\_\_\_ My child is not able to swim by himself/herself. I request that he/she wear a lifejacket while swimming during camp.  
\_\_\_\_\_ My child may not participate in swimming activities as part of this program.

### Discipline

The LRAC reserves the right to remove a child from any program or activity if the child's behavior jeopardizes his/her own safety, that of others, or is so disruptive that the enjoyment of other participants is diminished.

The LRAC uses "timeout" to encourage good behavior. A child who must take a timeout will be removed from participation and is required to sit alone quietly for 1 minute for each year of age, i.e., a five year old would incur a 5 minute timeout whereas an eight year old would sit for eight minutes. This policy will be clearly explained to each child and a verbal command will be given which instructs the child as to how he/she is supposed to behave before any timeout is given. Parents will be informed on a daily basis if their child was put in timeout. Continuous behavioral problems may result in removal from the program.

### Waiver Statement

I agree to assume full risk and to waive, relinquish and release all claims I and or the participant may have against, indemnify, hold harmless and defend the Little Rock Athletic Club. This release includes as well LRAC officers, agents, servants and employees from any such claims resulting from injury, damages or loss sustained on account of participation in LRAC programs. On behalf of the participant, I acknowledge the existence of risks in connection with program activities, assume such risks and agree to accept the responsibility for any injuries sustained by the participant. I understand that I am responsible for all personal insurance and the participant's family must cover any medical costs incurred. I also understand that every precaution is taken to protect the safety of each participant and agree to emergency treatment by a physician or hospital in the event that I or the emergency contact listed cannot be reached.

### My signature conveys

- I give my consent for my child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in the case of an emergency when a parent or guardian cannot be reached. Consent is also given for an LRAC employee or his/her duly appointed representative to transport my child for emergency medical treatment in said situation;
- I have accurately described my child's swimming ability and clearly indicated my wishes regarding his participation in water activities;
- I understand and agree to the LRAC's policy on discipline;
- I have read and understand the *After School Care Policies and Procedures*;
- I release the LRAC from all claims my child might sustain as a result of participation in this program in accordance with the *Waiver Statement*; and
- I understand that I may ask for a conference with a staff member(s) as needed. I also understand that the Department of Human Services (DHS) can ask me or my child for an interview at any time concerning the facility.

Child's Name: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_