

# Care

ABOUT WHERE YOUR KIDS GO.

## 2019 - 2020 AFTER SCHOOL CARE

Our state licensed After School Care program is designed to exercise the mind and body of your child. Our 7200 square foot facility houses a children's basketball gymnasium, game room with Dance Dance Revolution and Nintendo Wii Fit, study room and soft play maze featuring a 27-foot high spiral slide. The daily schedule consists of age appropriate fitness activities, cooperative games, arts and crafts, homework finishing opportunities and snacks. You can add junior tennis and/or swim (team or lessons) for an additional fee. The LRAC provides van pick-up from Baker Elementary, Chenal Elementary, Forest Heights Elementary, Forest Park, Fulbright, Jefferson Elementary, Little Rock Christian Elementary, Roberts Elementary, L.I.S.A Academy Elementary - West, Pulaski Academy and Williams Magnet. Space is limited and applications to the program are accepted in the order they are received.



Little Rock  
**Athletic Club**

3610 SAM PECK ROAD | LITTLE ROCK, AR 72223

501.225.3600 | WWW.LRAC.COM

Submission of this form does not guarantee a place in our after school program and space is limited. A \$60 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.

**Ages:** 4 - 12

**Time:** 3:00 - 6:00 pm

**Registration Fee:** \$60 per school year

**Monthly Fee:**\* Kids' Club Member - \$195, LRAC Member - \$215, Non-member - \$235

**Daily Rate** - \$35\*\*

\*We offer a 10% discount for siblings enrolled in our monthly program.

\*\*This option is only available space permitting.

## PARTICIPANT INFORMATION

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Gender:  Male  Female

Child is a(n):  LRAC member  Kid's Club member  LRRC member  Non-member

Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's phone: \_\_\_\_\_ Father's phone: \_\_\_\_\_

Email (for program updates, if needed): \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ 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 or Swim Lessons?  Yes  No

If requesting "Daily," what day(s) of the week do you desire?  Mon  Tue  Wed  Thu  Fri



## PAYMENT INFORMATION

Person responsible for payment: \_\_\_\_\_

Responsible party's address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Method of Payment (Indicate your choice by completing the appropriate information below):

For security reasons, your payment information will be encrypted by our computer software and this information will be shredded.

LRAC club account option (for members only/account must be current)

Name of member to be charged: \_\_\_\_\_

Credit/Debit card option (Visa, MasterCard, Discover, American Express)

Name as shown on card: \_\_\_\_\_

Credit card number: \_\_\_\_\_ Expiration date: \_\_\_\_\_ CCV number: \_\_\_\_\_

# MEDICAL INFORMATION

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

Phone(s): \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Doctor's address: \_\_\_\_\_

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

# SWIMMING

An American Red Cross certified lifeguard is on duty when after school care participants swim. 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 as part of the after school program.

My child is not able to swim by himself/herself. I request that he/she wear a life jacket while swimming.

My child may not participate in recreational swim.

# TRANSPORTATION & PICK-UP AUTHORIZATION

Participants are transported to and from school in passenger vans. Children less than six years of age or under 60 pounds will be seated in club supplied boosters while in vans.

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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

# 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.

**SIGN THE WAIVER ON THE BACK →  
AND RETURN TO THE DOWN UNDER CENTER**

# WAIVER

Release of Liability and Assumption of Risk Agreement - The facilities and activity programs offered under the auspices of the Little Rock Athletic Centers, LLC (LRAC), dba Little Rock Athletic Club, Little Rock Racquet Club, North Little Rock Athletic Club and Downtown Athletic Club, have been designed and established to provide the optimum level of beneficial exercise and enjoyment without compromising the health or safety of the members or guests who utilize the facilities or participate in its on or off-site activities. Because of the nature of these programs and of the equipment utilized, there is an inherent risk of injury. Therefore, any exercise activity places a practical limitation on the ability of LRAC to prevent injuries to participants regardless of the activities of the participant while taking advantage of the opportunities at LRAC. The undersigned acknowledges the individual responsibility to minimize risk by thoughtful and cautious use of the programs, equipment and the facilities of LRAC.

Therefore, in consideration of being allowed to participate in LRAC programs and to utilize equipment and facilities at LRAC, I the undersigned, acknowledge and agree that:

- The risk of injury from the activities involved in LRAC programs, equipment and facilities is significant, including the potential for permanent paralysis and death.
- I knowingly and freely assume all such risks, both known and unknown and assume full responsibility for my participation.
- I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest LRAC representative immediately.
- I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless LRAC, its members, managers, officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (releasees), from any and all claims, demands, losses, and liability arising out of or related to any injury, disability or death I may suffer, or loss or damage to person or property, to the fullest extent permitted by law.

Permission to Use Photography and/or Video - I grant to LRAC and all its subsidiaries the right to take photographs and/or videos of my child. I authorize LRAC, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that LRAC may edit and use such photographs and/or videos for any lawful purpose including, for example, such purposes as publicity, illustration, advertising and web content.

## MY SIGNATURE CONVEYS

- I authorize the LRAC to draft the program fees;
- 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/her participation in water activities;
- I understand and agree to the discipline policy;
- I understand that sunscreen may be applied by LRAC staff members and have indicated my child's special needs as directed;
- I have read the Release of Liability and Assumption of Risk Agreement above; fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement;
- I give my permission for the club to contact me via email or text with club news, offers and programming information;
- I have read the Permission to Use Photography and/or Video Agreement above and give consent for my child to be in video or photographed; and
- This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, to the fullest extent permitted by law.

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

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

## LRAC USE ONLY

Acceptance Date: \_\_\_\_\_ Notified by: \_\_\_\_\_