





**Student Pick Up:** (List all adults, other than those listed above permitted to pick up your child.)

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

**STATEMENT OF UNDERSTANDING**

Student's Name: \_\_\_\_\_

This outlines the client/parent liability for deliberate damages and/or vandalism to property that is under the ownership of New Bern Parks and Recreation Department. The statement "property" is defined as building exteriors and interiors as well as, the grounds property within the West New Bern Center, Stanley White Center, and the Community Resource Center.

Any member of the B.E.A.R. program who willfully damages or defaces property will be held responsible for damages (includes parent or guardian) and considered for suspension or termination from the program.

I understand that when my child's class ends for the day, B.E.A.R.'s responsibility for him/her ends and it is my responsibility to pick up my child promptly.

Please sign and initial to indicate that you have read and understand this policy.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Parent/Guardian Initials: \_\_\_\_\_

Date: \_\_\_\_\_

Student Initials: \_\_\_\_\_

Date: \_\_\_\_\_



## MEDICAL INFORMATION FORM

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Insurance company name: \_\_\_\_\_ Policy number: \_\_\_\_\_

Person carrying insurance: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Parent/Guardian daytime telephone number: \_\_\_\_\_ Cell: \_\_\_\_\_

Name of family physician \_\_\_\_\_ Telephone Number: \_\_\_\_\_

List any medical, psychological or emotional conditions your child is being treated for at the present time: \_\_\_\_\_

List all medications he/she is currently taking: \_\_\_\_\_

List all allergies and allergic conditions of your child: \_\_\_\_\_

List any restrictions of physical activity that apply to your child: \_\_\_\_\_

List any disabilities or conditions that would prevent your child from participating in this program and any kind of special accommodations your child would need to participate in the B.E.A.R. program. \_\_\_\_\_

### Medical Treatment Consent and Liability Release:

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter to receive necessary medical treatment in the event of any injury or illness while participating in the B.E.A.R Program and I accept responsibility for the full payment of such medical treatment. I hereby hold B.E.A.R. and their representatives harmless in the exercise of this authority.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## DISCIPLINE AGREEMENT FORM

B.E.A.R. Counselors have permission to discipline my child (**No Physical Contact**). However, the staff shall have the right to physically restrain my child when, in their opinion, the child is a danger to themselves or others. In order to provide a safe environment for all children, rules and regulations have to be followed on site as well as off site. No unruly behavior or abusive and/or foul language is acceptable by any after school participant. All participants must respect all property, equipment, grounds, staff, and other participants at all times. I understand that a conference may be needed to discuss problematic behavior and circumstances. The coordinator reserves the right to dismiss my child if any problems continue and are disruptive to the program. Any offenses that are deemed severe are grounds for automatic and immediate dismissal from the B.E.A.R. Program.

1<sup>st</sup> day/time offense – Behavior is discussed with the child and the parent is notified.

2<sup>nd</sup> day/time offense – Parent is notified and written warning is issued.

3<sup>rd</sup> day/time offense – Participant receives a suspension.

4<sup>th</sup> day/time offense – Conference requested/written warning of termination is issued.

5<sup>th</sup> daytime offense – Participant is terminated from the program.

### **I AM RESPONSIBLE FOR:**

- A. Picking up my child in case he/she is ill or dismissed from the program within 1 hour of notification.
- B. Providing proof of authorization to take custody of the child.
- C. Providing an emergency contact and telephone number of someone who is responsible for the child.

I, the undersigned parent or guardian of: \_\_\_\_\_, do hereby state that I have read a copy of the B.E.A.R. After School Program's Discipline Agreement and Consent Form. I understand and agree to abide by the policies and guidelines outlined.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**NORTH CAROLINA**

**CRAVEN COUNTY**

**RELEASE FROM LIABILITY AND  
HOLD HARMLESS AGREEMENT**

In consideration of the opportunity to participate in 2011-2012 B.E.A.R. Program (referred to hereafter as the "Activity") to be conducted at the various New Bern Parks and Recreation facilities and parks, on August, 25 2011 to June 6 , 2012 I (the "Participant") hereby agree to release, defend, indemnify, and hold harmless the City of New Bern ("City") and its employees, agents, representatives, and public officials, from and against any and all claims, damages, losses, costs, responsibility or liability for personal injury, including death, and damage to or loss of property, whether or not arising from the negligence of the City and/or its employees, agents, representatives, and public officials, that I may incur arising out of my participation in the Activity, or arising out of my travel to and from the Activity's destination, or arising in connection with or resulting from any negligent acts or omissions of any third party, including but not limited to other participants, contractors or suppliers who render services on behalf of the City in connection with the Activity. I assume all risks associated with my participation in the Activity including, but not limited to, falls, bodily injury, contact with other participants, effects of the weather (including extreme cold, rain, wind and other weather related conditions), and all conditions of the site of the activity, all such risks to be known and appreciated by me.

The City shall not be liable for any loss, damage, or expense resulting from any activity delay or cancellation. If the City cancels the activity, any payment made by or on behalf of the participant will be fully refunded. If I cancel, my cancellation shall be subject to the City's existing refund policy. The City shall not be responsible for any other expenses incurred by the participant including, without limitation, all expenses assessed by a third party.

The terms of this agreement shall also be binding as to any other persons, including all family members, heirs, executors, or administrators. I understand this is a binding contract that supersedes any other agreements or representations, and is intended to provide a comprehensive release of liability but is not intended to assert any defenses that are prohibited by law. If any part of this agreement is deemed unenforceable, all other parts shall be given full force and effect.

I have carefully read and understand this agreement, and I am aware that by signing this agreement I am waiving certain legal rights, including the right to sue.

I sign this agreement of my own free will.

I, the undersigned, am legally competent to sign this release. I have read the release and understand its contents. (If participant is under age 18, parent or legal guardian must sign.)

Agreed on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature Print Name

\_\_\_\_\_  
Address

I, being the parent or legal guardian of a minor under the age of 18 years signing above, having also read the above agreement and fully understanding its contents, approve of said minor's participation.

\_\_\_\_\_  
Signature Print Name