

## Lake Havasu City Parks & Recreation

# After School Program

The After School Program is designed for children attending K-6th grade. Our goal is to provide a safe & fun environment that will enrich your child's life.

The After School Program is held in the gyms at the Lake Havasu Unified School District elementary schools. Program is offered Monday through Friday with pick up being 6:00 p.m. each day. Afternoon snack is provided and homework assistance is offered for all registered participants. After School Program activities include crafts, performing arts, sports and field trips. Field trips include swimming and movies as well as fishing for 3rd - 6th graders. No additional fees to participate in field trips.

There will be no After School Program on the following dates:

September 2nd Labor Day ✎ October 7th - 11th Fall Break ✎

November 11th Veteran's Day ✎ November 27th- 29th Thanksgiving

✎ December 23rd - January 3rd Winter Break ✎

January 20th Martin Luther King Day ✎ February 17th President's Day

✎ March 16th - 20th Spring Break ✎

An **all day program** will be offered on Friday, October 4th and Friday, December 20th from 7:30 a.m. - 5:30 p.m. Participants will need to bring their own lunch if attending these days.

### After School Program General Rules

Please review program general rules with your participant.

- \* Keep hands, feet and inappropriate comments, unkind words and objects to yourself.
- \* Be respectful to other participants, leaders, aides, volunteers and staff members.
- \* Listen and follow all directions the first time they are given.
- \* Stay in assigned area with your squad.
- \* Walk, for safety, unless in a supervised game or activity.
- \* Use respectful language at all times and use "inside voice".
- \* Check into program at scheduled time and do not leave the program before scheduled time without proper advance notification from a parent or guardian, to a staff member.
- \* Report misconduct to a program staff member and do not retaliate.

**Fees are to be paid by the 1st of every month.**

**Session must be paid in full.**

**No weekly payments will be accepted.**

**August:** \$112/1st child; \$72 each additional child in same family

**September:** \$112/1st child; \$72 each additional child in same family

**October:** \$112/1st child; \$72 each additional child in same family

**November:** \$104/1st child; \$74 each additional child in same family

**December:** \$84/1st child; \$54 each additional child in same family

**January:** \$112/1st child; \$72 each additional child in same family

**February:** \$112/1st child; \$72 each additional child in same family

**March:** \$84/1st child; \$54 each additional child in same family

**April:** \$140/1st child; \$90 each additional child in same family

**May:** \$84/1st child; \$54 each additional child in same family

*Financial assistance is available to those families who qualify.*

*Parent/legal guardian will need to fill out a scholarship application form as well as provide proof income (paycheck stub, disability, letter from an employer, unemployment or bank statement), and Food Stamp card & AHCCCS cards each session.*

*If you need special accommodations, please contact Donna Best Carlton, Recreation Supervisor, at 453-8686 ext. 4417.*

### **Scheduled Field Trips:**

**All field trips are subject to transportation availability.**

**Aquatic Center:** 9/19, 10/31, 1/30, 2/27, 3/26, 4/23

*Please remember to send your participant with their swimsuit and towel.*

**Elks Hoop Shoot:** 12/5

**Elks Soccer Shoot:** 10/3

**Movie Havasu:** 9/5, 10/17, 11/14, 1/16, 2/13, 3/12, 4/9, 5/7

*\$3.00 snack pack available for purchase at field trip.*

## Lake Havasu City Recreation Division After School Program Registration Form

Participant Name (Last Name, First Name)	Date of Birth	Age	Gender (M/F)	Grade	School

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

PG rated movies may be shown during this program. May the Participant view PG rated movies? Yes \_\_\_\_\_ No \_\_\_\_\_

Photographs may be taken for promotional purposes during programs. May the Participant's photo be published in brochures and media releases? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the Participant have any medical conditions, behavioral issues, or allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, fill out the Additional Health Information & Epi Pen Form.

### Pick-up List

Is the Participant permitted to walk home from the program? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please indicate the time participant is permitted to leave the program: \_\_\_\_\_ PM

Participant **WILL NOT** be released to anyone whose name does not appear on this form below. Identification is required when picking up Participant. The following people are authorized to pick up the Participant from the program (please include the requested information for the parent/guardians and emergency contact even if listed above):

It is the responsibility of the parent/guardian to pick up Participant on time at the end of the program if the Participant is not permitted to walk home. Participant will not be left alone due to late pick up; however you will be charged \$5 for every 15 minutes you are late. Lake Havasu City reserves the right to contact the Police Department if Participant is not picked up in a timely manner.

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

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

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

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

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

### **Emergency Medical Release**

To the best of my knowledge, Participant is in good health and adequately immunized to participate in this program. In the event Participant is injured or should require medical attention, I authorize the securing of necessary medical treatment. I acknowledge that I will be responsible for all costs associated with any medical treatment. Confirmation of this authorization will be attempted if the circumstances permit prior treatment by calling the telephone numbers provided.

### **Hold Harmless Clause**

To the fullest extent permitted by law, Participant and Participant's parent or guardian agree to indemnify, defend, save, and hold harmless Lake Havasu City, its departments, agencies, boards, commissions, officers, officials, agents, volunteers, and employees ("Indemnitee") for, from, and against any and all claims, actions, liabilities, damages, costs, losses, or expenses (including, but not limited to, court costs, attorneys' fees, and costs of claim processing, investigation and litigation) to which any Indemnitee may become subject, under any theory of liability ("Claims") to the extent that Claims are caused by the negligent acts, recklessness, or intentional misconduct of the Participant arising out of or as a result of participation in this program. Participant/Parent/Guardian agrees to be responsible for primary loss investigation, defense, and judgement costs where this indemnification is applicable.

### **Waiver**

Participant and Participant's parent or guardian waive the right to any claim for damages or injury of any kind on behalf of Participant, accruing to Participant arising out of or as a result of participation in the program.

I declare that I am the Participant's parent or guardian. I acknowledge that I read this form completely and understand the responsibilities and privileges of participating in this program as well as the program policies and behavior rules. Participation in this program is voluntary. Lake Havasu City is not responsible for lost or stolen items. Lake Havasu City reserves the right to reconcile customer balances when participant has available account credit.

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

## Lake Havasu City Field Trip Release

Participant Name (Last Name, First Name)	Date of Birth	Age	Gender (M/F)	Grade	School

After School Program  
August 2019 - May 2020  
2:45 p.m. - 5:00 p.m. (times are approximate)

By my initials below, I give permission for the above named Participant to attend the following field trips:  
Place initials in the blanks provided below next to each field trip you want Participant to attend.  
NOTE: Failure to initial a space will result in Participant **NOT** attending that field trip.

\_\_\_\_\_ Swim at the Aquatic Center  
9/19/19, 10/31/19, 1/30/20,  
2/27/20, 3/26/19, 4/23/20  
2:45 - 5:00 p.m.  
Transported via LHUSD

\_\_\_\_\_ Movie at Movies Havasu  
9/5/19, 10/17/19, 11/14/19,  
1/16/20, 2/13/20, 3/12/20,  
4/9/20, 5/7/19  
2:45 - 5:00 p.m.  
Transported via LHUSD

\_\_\_\_\_ Elks Soccer Shoot  
at Aquatic/Community Center  
10/3/19  
2:45 p.m. - 5:00 p.m.  
Transported via LHUSD

\_\_\_\_\_ Elks Hoop Shoot  
at the Aquatic/Community Center  
12/5/19  
2:45 - 5:00 p.m.  
Transported via LHUSD

### **EMERGENCY MEDICAL RELEASE**

To the best of my knowledge, Participant is in good health and adequately immunized to participate in this field trip. In the event Participant is injured or should require medical attention, I authorize the securing of necessary medical treatment. I acknowledge that I will be responsible for all costs associated with any medical treatment. Confirmation of this authorization will be attempted if the circumstances permit prior treatment by calling the telephone numbers provided.

### **HOLD HARMLESS CLAUSE**

To the fullest extent permitted by law, Participant and Participant's parent or guardian agree to indemnify, defend, save, and hold harmless Lake Havasu City, its departments, agencies, boards, commissions, officers, officials, agents, volunteers, and employees ("Indemnitee") for, from, and against any and all claims, actions, liabilities, damages, costs, losses, or expenses (including, but not limited to, court costs, attorneys' fees, and costs of claim processing, investigation and litigation) to which any Indemnitee may become subject, under any theory of liability ("Claims") to the extent that Claims are caused by the negligent acts, recklessness, or intentional misconduct of the Participant arising out of or as a result of participation in this field trip. Participant/Parent/Guardian agrees to be responsible for primary loss investigation, defense, and judgement costs where this indemnification is applicable.

### **WAIVER**

Participant and Participant's parent or guardian waive the right to any claim for damages or injury of any kind on behalf of Participant, accruing to Participant arising out of or as a result of participation in the field trip.

I declare that I am the Participant's parent or guardian. I acknowledge that I read this form completely and understand the responsibilities and privileges of participating in this field trip. Participation in this field trip is voluntary. Lake Havasu City is not responsible for lost or stolen items. Lake Havasu City reserves the right to reconcile customer balances when participant has available account credit.

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

### **FOR OFFICE USE ONLY:**

Registration Form Completed: \_\_\_\_\_ Verified by: \_\_\_\_\_

## **Lake Havasu City Program Disciplinary Policy**

While attending a Lake Havasu City program, all participants must comply with this Disciplinary Policy. Lake Havasu City reserves the right to refuse services to any participant.

### **I. General Rules**

- A. Keep hands, feet, inappropriate comments, unkind words, and objects to yourself.
- B. Be respectful to other participants, leaders, aides, volunteers, and staff members.
- C. Listen and follow all the directions the first time they are given.
- D. Stay in assigned area and with your squad.
- E. Walk, for safety, unless in a supervised game or activity.
- F. Use respectful language at all times and use “inside voice.”
- G. Check into program at schedule time and do not leave the program before scheduled time without proper advance notification from a parent or guardian, to a staff member.
- H. Report misconduct to a program staff member and do not retaliate.

### **II. Discipline Policy**

- A. Inappropriate behavior and misconduct by participants will not be tolerated.
- B. There will be disciplinary consequences for the following types of misconduct:
  - 1. Failure to follow program rules or instructions.
  - 2. General misconduct, including loud or boisterous behavior that tends to disturb other participants, and includes running when not permitted, minor defacement of property, and pushing or shoving others.
  - 3. A participant’s persistent refusal to follow the instructions of program staff.
  - 4. Use of obscene, vulgar, profane, disrespectful, demeaning, or threatening words or actions or gestures directed to or in the presence of any participant or program staff.
  - 5. Mutual physical confrontations between students (fighting).
  - 6. Possession or use of any tobacco or drug related items or ‘look a like’ items – this may include cigarettes, chewing tobacco and other tobacco-related products, lighters, alcoholic substances, drug-consumption devices, and any substance suspected of being a ‘drug.’
  - 7. A behavior that may result in physical or mental abuse to oneself.
  - 8. Committing an act of indecent exposure in the presence of any other participant or program staff.
  - 9. Any other similar behavior or action.

### **III. Disciplinary Actions**

- A. The following disciplinary actions may be taken when a participant engages in inappropriate behavior or misconduct. Discipline may not be progressive depending on the circumstances and is in the sole discretion of Lake Havasu City. Multiple disciplinary actions may be taken for a single offence.
  - 1. Verbal reprimand
  - 2. Removal from program activities
  - 3. Loss of program privileges
  - 4. Parent Contact

5. Parent Conference
6. Suspension from Program:
  - a. First Offense – 1 program day suspension
  - b. Second Offense – 3 program days suspension
  - c. Third Offense – parent and staff conference to determine continued enrollment in the program
7. Permanent withdrawal of program privileges
8. Restitution
9. Immediate notification of authorities

B. Participants that engage in inappropriate behavior or misconduct that endangers the safety of other participants or staff or harms property, may be immediately removed from the program without warning or notice

C. When misconduct of a participant involves bullying or acts of violence as defined below, the following disciplinary actions will be taken:

1. Parent Contact, Immediate Suspension from Program, and notification of authorities, if applicable:
  - a. First Offense – 10 program days suspension
  - b. Second Offense – 6 month program suspension, including all programs offered by Lake Havasu City

D. For the purposes of this document, the following words and phrases have the corresponding meanings:

1. Bullying is repeated acts over time that involves a real or perceived imbalance of power with the more powerful child or group attacking those who are less powerful. Bullying can be physical in form (e.g., pushing, hitting, kicking, spitting, stealing); verbal (e.g., making threats, taunting, teasing, name-calling); or psychological (e.g., social exclusion, spreading rumors, manipulating social relationships).
2. Acts of Violence include:
  - a. Assault - A person commits assault by: 1. Intentionally, knowingly or recklessly causing any physical injury to another person; or 2. Intentionally placing another person in reasonable apprehension of imminent physical injury; or 3. Knowingly touching another person with the intent to injure, insult or provoke such person. (ARIZ. REV. STAT. § 13-1203)
  - b. Fighting – Mutual participation in an incident involving physical violence, where there is no major injury.

I read and reviewed with the participant the Lake Havasu City Program Disciplinary Policy, and I agree to its contents.

Participant's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

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

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