

2025 - 2026 Kid Care Registration Form

This form is required before your child can participate in Kid Care programs such as After School Adventures, Play Days, and Holiday and Summer Camps. Additional waivers will be required for activities at Camp Rorie Galloway and program field trips as necessary.

REGISTRATION INFORMATION

Program registration is limited to site capacity maximums on a "first come, first served" basis. Registration is available online on our website <https://www.cityofmesquite.com/214/Parks-Recreation>. Choose the "register online" button and choose "Kid Care." You can also register in person at the Parks and Recreation Office, 1515 N. Galloway, Monday-Friday, from 8:00 a.m. to 5:00 p.m. or at Mesquite Recreation Centers open until 9:00 p.m.

PARTICIPANT INFORMATION

ADDRESS _____ City _____ ZIP _____

NAME _____ GENDER M F Age ____ Birthdate _____

Grade _____ School _____

NAME _____ GENDER M F Age ____ Birthdate _____

Grade _____ School _____

PARENT INFORMATION

PARENT/GUARDIAN (A) _____ Email _____

Primary Phone _____ Secondary Phone _____ DL# _____

PARENT/GUARDIAN (B) _____ Email _____

Primary Phone _____ Secondary Phone _____ DL# _____

In case of emergency, contact the follow persons(s) other than parent:

NAME _____ Relationship _____ Phone _____

NAME _____ Relationship _____ Phone _____

The following person(s) will be allowed to sign my child out. Must provide photo ID.

Name _____

DL# _____

Name _____

DL# _____

I do not give permission for my child to be released to the following person(s):

Name _____

DL# _____

Name _____

DL# _____

MEDICAL INFORMATION

In the event of a medical emergency or illness you will be notified immediately. You or your emergency contact need to be available to pick up your child. All full-time staff are First Aid and CPR trained and will take whatever emergency medical measures are deemed necessary for the protection and safety of the participant. This may include transportation by ambulance to the nearest medical treatment facility.

Doctor's Name: _____

Phone: _____

Preferred Hospital: _____

Phone _____

City _____

Health History

(Please attach additional page if necessary, all information is kept confidential)

(Please circle all that apply)

Child _____ has or is subject to: Asthma / Fainting Spells / Convulsions / Bloody Nose / Heart Trouble / Diabetes / Seizures / Other: _____

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Child _____ has or is subject to: Asthma / Fainting Spells / Convulsions / Bloody Nose / Heart Trouble / Diabetes / Seizures / Other: _____

Allergies

Child _____ is allergic to: Medicines _____ / Insects _____ / Food _____ / Plants _____ / Other: _____

Child _____ is allergic to: Medicines _____ / Insects _____ / Food _____ / Plants _____ / Other: _____

Child _____ is allergic to: Medicines _____ / Insects _____ / Food _____ / Plants _____ / Other: _____

Please explain allergies and treatment: _____

My child requires the use of an epi-pen: yes _____ no _____

PERMISSION TO SECURE TREATMENT

In the event of any emergency, I authorize the City of Mesquite to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I understand that this authorization includes transporting my child by ambulance if necessary to the nearest medical treatment facility or hospital if I am unable to be reached first. I also give my permission for my child to be released to individuals authorized in this packet to secure treatment if I am unavailable.

Initials _____

MEDICATIONS (All medications must be given to PARD STAFF)

Does your child(ren) require any medications to be taken during program hours? Yes ___ No___ Note: Medication will only be administered according to the labeled directions. All medication(s) must be in their original containers with instructions for the administration of the medication on the label. The medication sent to the program site must contain the daily dosage. Staff is not permitted to accept any larger doses. If there are any changes in the dosage of, frequency or administration of the medication, it is the parent’s responsibility to inform the staff in writing.

Child _____ Medicine/Dosage/Time: _____ Medicine and Dosage/Time: _____

Child _____ Medicine/Dosage/Time: _____ Medicine and Dosage/Time: _____

Child _____ Medicine/Dosage/Time: _____ Medicine and Dosage/Time: _____

MEDICATION WAVIER

My initials below indicate that I acknowledge that the instructions on the pharmaceutical container are accurate and I agree to allow the City of Mesquite staff to assist in the administration of the medication to my child and I waive any claim against the City of Mesquite or its staff.

Initials _____

STANDARDS OF CARE

Standards of Care

The City of Mesquite City Council annually adopts the Youth Programs Standards of Care which outlines the minimum standards by which Parks and Recreation operates youth programs. This document is available on our website at <https://www.cityofmesquite.com/1123/After-School-Adventures>. A hard copy is available upon request. My initials signify I have been made aware of where to find the standards of care information.

Initials _____

DISCIPLINE POLICY AND CONSEQUENCES

General Provisions

In fairness to all participants of the programs, all participants must always be respectful of staff, other participants and program facilities and property. Improper use of furniture, drink, food, misuse of equipment, horseplay or vulgar/abusive language will not be permitted.

Fighting and stealing will not be tolerated and is cause for immediate dismissal from all Kid Care programs.

- 1st offense - On spot counseling and time out from activities – parents consulted
- 2nd offense-Talk with location supervisor and parents
- 3rd offense – Suspended- depending on severity of the incident and circumstances- from the program for 1 to 3 days
- 4th offense- Suspension for 1 week from program activities and from City of Mesquite Recreation Centers depending on the severity of the incident and circumstances
- 5th offense – Removal from the program and from the City of Mesquite recreation Centers.

The city will not engage in physical punishment or withhold food, water or bathroom access.

Parents and Participants

All disciplinary actions and suspensions depend on the severity of the incident, circumstances of the incident, and frequency of occurrence. The City reserves the right to dismiss the participant from the program without warning when

My initials below grant permission to the City of Mesquite to use photographs and/or videos of my child solely for the purpose of marketing and advertising in the above-mentioned ways.

Initials _____

MOVIE RELEASE CONSENT

My initials below indicate that my child(ren) has permission to view PG rated films while attending Mesquite Parks and Recreation programs.

Initials _____

SUNSCREEN AND BUG SPRAY -Summer Camp Program Only

I do _____ or do not _____ give my permission for staff to apply sunscreen and/or bug spray to my child. (Parents must provide)

Initials _____

Homework – After School Adventures Only

_____ I want my child to spend a portion of their time at After School Adventures working on their homework.

Initials _____

CHILD TAX CREDIT

The City of Mesquite is not licensed by the State to provide childcare programs that qualify for the IRS Child Care Tax Credit.

All Texas municipalities are eligible to be exempt from State day-care licensing provided a *Standards of Care Ordinance* is approved annually. In Mesquite, this ordinance is in place. Camps, play days and after school care offered by the City are defined or classified as “*recreational programs*” rather than “*childcare*” programs.

Please be advised that **Parks and Recreation staff will not be allowed to provide City tax identification information for the purpose of income tax deductions.**

Initials _____

PARTICIPANT ASSUMPTION OF RISK AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19 AND OTHER COMMUNICABLE DISEASES

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The City of Mesquite Parks and Recreation Department has put in place preventative measures and protocols, where possible, to reduce the spread of COVID-19; however, the City of Mesquite cannot guarantee that you or your child(ren) will not become infected with COVID-19. Attending any City program will increase your child(ren)'s risk of contracting COVID-19.

.....

By signing this agreement, I acknowledge the contagious nature of COVID-19 and other communicable diseases and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 or other communicable diseases by attending the City of Mesquite Parks and Recreation programs, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 or other communicable diseases at the City of Mesquite Parks and Recreation programs may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City employees and volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the City of Mesquite Parks and Recreation programs (the "Claims"). On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless the City of Mesquite, its employees, agents, volunteers and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the City of Mesquite, its employees, agents, volunteers and representatives, whether a COVID-19 or other communicable disease infection occurs before, during, or after participation in any City of Mesquite Parks and Recreation program.

Signature of Parent/Guardian Date

Print Name of Parent/Guardian Date

Archery Participation Waiver for After School Adventures & Camp Activities

Archery instruction is sometimes included in the After School Adventures & Camp programs as an **optional** sports activity. Activities are conducted by certified, experienced instructors.

_____ I **do not** give permission for my child listed below to participate in archery activities.

Child's Name: _____

Child's Name: _____

Child's Name: _____

_____ I give permission for my child (listed below) to participate in archery activities and acknowledge that:

1. The risk of injury from archery and related activities and or the use of the related buildings, structures, equipment, and all other real and personal property whether owned by the City of Mesquite or others is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and,
2. I acknowledge and agree that the use of archery equipment by my child or others is inherently dangerous whether such archery equipment is discharged by my child or others, and I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of others, and assume full responsibility for my child's participation; and,
3. I agree for my child to comply with the stated and customary terms and conditions for participation. I understand my child will be removed from the area should any unusual or significant hazard is observed.

Child's Name: _____

Child's Name: _____

Child's Name: _____

Participant's Name: _____

Parent/Guardian Name: (Print) _____ Date _____

Parent/Guardian Signature: _____

In consideration of (myself/my child(ren) being permitted to go in and on and use recreational facilities operated by the City of Mesquite and participate in recreational activities sponsored by the City of Mesquite Parks and Recreation Department,

I _____, being of lawful age, do for myself, my heirs and assigns, release, hold harmless and forever discharge, the City of Mesquite, its officers and employees from any and every claim, action of any kind, arising from or by reason of any injury to (myself/my child(ren) while (I am/my child(ren) is in or on and/or using any of the recreation activities sponsored by the City of Mesquite Parks and Recreation Department.

My signature below also gives my permission for my child to be transported by the City of Mesquite staff to scheduled off-site program trips. (Parents will be notified in advance. Additional waivers may be necessary depending on the activity.)

The undersigned does hereby acknowledge to have read and understood all the information contained on this document and approves all releases, permits and waivers contained herein. I also understand I must complete this document and upload to the Kid Care program selected online before the registration deadline. For those who register in person, staff will upload the completed document for you.

Parent/Guardian Signature

Date

Printed Name