



City of Charleston 2021 Athletic Program Application

Applicant's Name _____
(Last) _____ (First) _____ (Middle) _____

Age: _____ Date of Birth: Day _____ Mo. _____ Yr. _____ Gender: M / F

Applicant's School: _____ Grade in school: _____

Parent/Guardian Name(s): _____
(Last) _____ (First) _____ (Middle) _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Parent Email: _____

Emergency Contacts:

Name	Relationship	Home/Cell/Work Number
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1) _____

2) _____

***** Participants will be responsible for transportation to and from locations*****

Persons authorized to pick up Applicant
In addition to parent/guardian

Persons **NOT** authorized to pick up Applicant:

1. _____

1. _____

2. _____

2. _____

MEDICAL RELEASE AND HISTORY

Health Statement	NO	YES	If YES, please explain
Respiratory problems – Asthma, persistent cough, etc.	____	____	_____
Heart problems – High/Low blood pressure, chest pain, etc.	____	____	_____
Kidney, Stomach, Gall Bladder, or Liver Problems	____	____	_____
Diabetes, Hypoglycemia	____	____	_____
Recent fractures, illness, exposure to contagious diseases, etc.	____	____	_____
Eye, ear, nose, or throat problems – Skin disease	____	____	_____
Allergies, Bee Stings, ant bites, plant, sun, food penicillin, etc.	____	____	_____
Nervous disorders, Epilepsy, convulsions, dizziness, etc.	____	____	_____
Emotional disorders – Frequent anxiety, excessive fears, etc.	____	____	_____
Any hospitalization in the last two (2) years	____	____	_____
Currently taking any medications?	____	____	_____
Participant WILL be bringing medication to program/activities	____	____	_____

EMERGENCY MEDICAL TREATMENT: I understand that every effort will be made to contact the Parent or Guardian of participants. If this is not possible, I hereby authorize the City of Charleston to obtain medical treatment.

Parent/Guardian Signature: _____ Telephone #: _____

Applicant's Name _____
 (Last) (First) (Middle)

WAIVER:

I hereby state that my child is physically and mentally capable of safe participation in the city of Charleston Athletic Program. I understand and expressly acknowledge that participation is a privilege, and I release the City of Charleston and its agents, contract services, servants, and employees from all liability for any injury, illness, loss or damage connected in any way to my child's participation. I also authorize the City of Charleston to obtain medical treatment for my child in the event of an emergency. The City of Charleston reserves the right to remove any participant who, according the Director's discretion is judged detrimental to the general welfare of the program, the staff, or other participants. I give my permission to the City of Charleston to use, without limitation of obligation, photographs, film, footage, or tape recording which may include my child's image or voice for the purposes of promoting the police department. The right is reserved to search any participant's belongings, according to the Director's discretion, when reasonable information is available that illegal substances and/or objects that may cause harm to self or others who may be present.

Signature _____ Date: _____

Please Print Name: _____

Space is limited – please get your completed applications in early.

Send completed application to:

*Charleston Police Department
180 Lockwood Boulevard
Charleston, SC 29403
Attn: Office of Community Oriented Policing*

*OR by email to: Engless@charleston-sc.gov
OR hand to your CPD School Resource Officer*

Telephone#: 843.720.2388 Fax# 843.579.7518

Applicant's Name _____
(Last) _____ (First) _____ (Middle) _____

Parental Consent Form

I give permission for my child, _____, to attend and participate in the City of Charleston Athletic Program, which may require travel outside of the City of Charleston. I hereby release and indemnify the City of Charleston from any liability resulting from my child's participation in the above-referenced program. In the event of an accident or illness, the City of Charleston is authorized to provide medical care as deemed necessary for the welfare of my child. The City of Charleston will make every effort to immediately contact parents/guardians if necessary.

IN CONSIDERATION OF _____, my minor child/ward ("my child"), being allowed to participate; related events and activities, the undersigned acknowledges, appreciates, and agrees that:

The risk of injury to my child from the activities involved in these programs is significant, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE other participants, sponsoring agencies, sponsors, advertisers, and if applicable owners and lessors of premises used to conduct the event (HEREIN AFTERWARDS REFERED TO AS "RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs which includes transporting my child to and from such programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,

I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,

I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releases from any and all liabilities incident to my involvement or participant in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY

UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARY WITHOUT ANY INDUCEMENT.

For parent/guardian: I have reviewed this application and I authorize my son/daughter/legal ward to participate in the City of Charleston's Athletic Program.

Signature _____ Date: _____

Please Print Name: _____

CODE OF CONDUCT

Behavior Policy: It is our intention to provide your child with a safe and secure environment. We attempt to create a warm, comfortable, and fun atmosphere that will make your child look forward to participate. We are here for your child and the other children to have a positive experience. We have a behavior plan, outlined below, which will help the families and our staff understand and enforce our rules fairly. Please be advised, there are certain behaviors that will take away from our positive experience such as: physical aggression, stealing, defiance in following the instructions, and/or repeated incidents of inappropriate language.

In order to promote consistent expectation around behavior among participants, we have an established a good behavior program. Our program stresses good citizenship with an emphasis on the following:

- 1) Safety
- 2) Cooperation and participation are required both in group activities.
- 3) Respect those around you, both participants and staff.
- 4) Respect for property.
- 5) Appropriate language and dress at all times.
- 6) Be a good sport.

If a participant has difficulty with our behavior program our first response will be to verbally intervene and help your child understand the impact his/her behavior is having on the positive experience. If his/her behavior continues to be disruptive we will contact the parent/guardian to come and pick up your child. The child will then be asked to not return for the remainder of the day and possibly for the remainder of the program depending on the nature of the behavior issue. The director will record the incident and outline the consequences of the behavior with the participant and his/her parent/guardian.

Behavior Plan:

- 1) Verbal warning or time out to the participant. (Parent/guardian will be notified of the incident).
- 2) Parent/guardian contacted to pick up child immediately.
- 3) Parent/guardian contacted to pick up child immediately with recommendation for dismissal for the remainder of the program.

Child Will Abide by Rules and Regulations:

My child agrees to abide by all rules and regulations. My child understands that violation of the rules and regulations is grounds for immediate dismissal.

Signature of Child

Signature of Parent/Guardian



Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

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 be 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 Charleston Department of Recreation has put in place preventative measures to reduce the spread of COVID-19; however, The City of Charleston Department of Recreation **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending City of Charleston Department of Recreation programming could increase** your risk and your child(ren)'s risk of contracting COVID-19.

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By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending City of Charleston Department of Recreation program 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 at City of Charleston Department of Recreation programming may result from actions, omissions, or negligence of myself and others, including, but not limited to, City of Charleston Department of Recreation employees, 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 or participation in City of Charleston Department of Recreation programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the City of Charleston Department of Recreation, its employees, agents and the representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of and related thereto. I understand and agree that this release includes any Claims based on actions, omissions, or negligence of the City of Charleston Department of Recreation, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any City of Charleston Department of Recreation program.

Signature or Parent/Guardian

Date

Print Name of Parent/Guardian

Date