



Attica Youth Recreation

July 5th - August 6th

Monday-Friday 10:00am -4:00pm

Name of Participant: _____

Grade: _____ Sex: _____

DOB: _____ Age: _____ School: _____

Parent/Guardian: _____

Street Address: _____

City: _____ Zip Code _____

Home Telephone: _____ Work Telephone: _____ Cell Telephone _____

E-mail Address: _____

Permission and Emergency Treatment

I hereby give my permission for my son/daughter to participate in the Attica Youth Recreation program. I assume all risks and hazards incidental to such participation, including transportation to & from activities, and I do hereby waive, release, and agree to hold harmless the Attica Youth Recreation or its staff for any claim arising out of injury to my son/daughter or property damage that might occur during the participation.

In case of emergency I hereby give my permission to the program staff and medical personnel selected by the Attica Youth Recreation, in my absence, act as my agent, to apply first aid when necessary, or in the event of a more serious accident, for my child to be transported to an emergency medical facility to receive emergency medical treatment. I also authorize the medical personnel to administer such treatment as is medically necessary, and I authorize the hospital to undertake examination and emergency treatment if warranted on behalf of my child. EVERY EFFORT WILL BE MADE TO CONTACT PARENTS IN THE EVENT OF AN EMERGENCY.

Medical Condition: _____

Parent Signature: _____ Date: _____

Emergency Contact: _____

Telephone #: _____ Relationship to child: _____

Do you give permission for your child to leave the program without adult supervision? YES or NO

Parent Signature: _____

Office Use only: Proof of Residency: _____ Date Received: _____

Payment type: _____ Amount paid: _____

“ZERO TOLERANCE” Policy 2021 – Attica Youth Recreation

AYR welcomes ALL respectful and caring kids and adults! This way, we are assured a fun, healthy and safe summer for all!

In order to maintain a fun, healthy and safe environment for our kids, we have a “ZERO TOLERANCE” policy in which each child and parent will need to sign and agree to abide by in order to participate in AYR activities.

The following will NOT be tolerated: Inappropriate language, bullying, aggressive behavior such as threatening another individual, aggressive physical behavior such as fighting, forceful pushing, punching and/or kicking, stealing, and/or refusing to follow the safety rules of activities.

If your son/daughter has either been accused of OR been a victim of any of the above named incidences, the AYR staff members will make every attempt to contact the parent ASAP with notification and try to resolve the issue in an appropriate and respectful manner. The AYR director and staff members will then determine if it is safe for the kids involved to participate in future activities.

Please be aware that if it has been determined by our staff that your child is in violation of the terms of this ZERO tolerance agreement, your child will NOT be welcome to return to Attica Youth Recreation for the remainder of summer.

We _____ and _____
(Parent’s name) (Child’s name)

have read and understand the terms of the Attica Youth Recreation 2021 Zero Tolerance Policy. We agree to be respectful and caring friends to all at AYR.

(Parent signature) Date

(Child’s signature) Date