

Clark County Parks & Recreation



SAFEKEY REGISTRATION FORM - 2019-2020

This registration form along with proof of payment for the specific day(s), MUST be submitted to your schools Safekey Site staff in person prior to the participants first day of attendance.

School Site: Explore Knowledge Academy	Current Grade:	Age:	Date of Birth:
Participant First & Last Name:		Sex:	Male Female
MEDICATION: _____ NO _____ YES (If yes, please complete additional medication form with staff at the Safekey site.)			
ANY ALLERGIES/HEALTH ISSUES: NO / YES (Please list): _____ _____			
ANY SPECIAL NEEDS/ACCOMODATIONS: NO / YES: _____ _____			
<p style="color:red; font-size:small;">If your child has special needs and/or needs assistance to fully and safely participate in the Safekey program, we strongly suggest contacting the Safekey office (702) 455-8251 at least two weeks prior to starting your child in the Safekey program. (Questions please refer to the Safekey Parent Handbook)</p>			
<p>Note: ONLY one registration form is permitted for each child. (In joint custody situations BOTH GUARDIANS MUST BE LISTED)</p>			
PARENT/GUARDIAN #1		Relationship to participant:	Cell Phone: ()
Street Address			Home Phone: ()
City:	State:	Zip:	E-mail Address:
			Alternate Phone: ()
PARENT/GUARDIAN #2		Relationship to participant:	Cell Phone: ()
Street Address (If different from above)			Home Phone: ()
City:	State:	Zip:	E-mail Address:
			Alternate Phone: ()
EMERGENCY CONTACT / AUTHORIZED ESCORTS TO PICK UP PARTICIPANT (Someone other than parent/guardian):			
Name #1	Relationship:	Phone #1:	Phone #2:
Name#2	Relationship:	Phone #1:	Phone #2:
Name#3	Relationship:	Phone #1:	Phone #2:
Name#4	Relationship:	Phone #1:	Phone #2:

I, Print Parent / Guardian #1 Print Parent / Guardian #2, acting on behalf of myself or my minor child do expressly and forever waive and release Clark County, Nevada, Department of Parks and Recreation and all their respective officers, employees, agents, or representatives from any and all liability for personal injuries or damages sustained, incurred, or arising from participation in any Parks and Recreation activity.

PHOTO/VIDEO RELEASE: By registering for any Clark County Parks and Recreation program, I agree to allow publication of photos or video taken of my child/children or myself at any program, event or facility associated with the Clark County Parks and Recreation Department.

Signature of Parent/Guardian #1 Date Signature of Parent/Guardian #2 Date

White: Safekey Site Canary: Safekey Office Pink: Customer

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School Site: Explore Knowledge Academy

Participant First & Last Name:

SAFEKEY PROGRAM WAIVERS - PLEASE INITIAL EACH WAIVER BELOW

FEES: I understand that Safekey is a **PRE-PAY program** for grades K-5 at Clark County zoned elementary schools and grades 6-8 at select middle schools. Payment for specific date am/pm sessions **MUST** be made prior to participation in the program and are not interchangeable. Participants not paid in advance will be escorted to the school office.

_____(Parent/Guardian #1 Initial)

_____(Parent/Guardian #2 Initial)

Late Pick Up Fee: I understand that a \$5 **late pick up fee** will be assessed for every ten (10) minute increment beginning @ 6:01pm until the participant(s) is picked up. After the 3rd occurrence of picking up late, the Safekey program may no longer be available for use. i.e. 6:01pm = \$5, 6:11pm = \$10, 6:21pm = \$15, etc.

_____(Parent/Guardian #1 Initial)

_____(Parent/Guardian #2 Initial)

Credit on account: I understand that **Credit** will be issued at 100% back to my household account if notice of non-attendance is given in advance. Credit requests **MUST** be submitted via email/text to: **SAFEKEYREFUNDS@CLARKCOUNTYNV.GOV** prior to the start of the daily am/pm program. **Early Safekey Sites 6:30 am/2:00 pm. Regular Sites: 7:00 am/3:00 pm**

Refunds: I understand that a refund via check or credit card will be issued at 100% at the end of school year for all remaining credit not used on my Household account, or during the school year if no further Safekey attendance is expected for the remainder of the school year. If my child re-attends/re-enrolls in the Safekey program in the same school year after a refund has been issued, an impact fee of \$50.00 will be assigned to the account and must be paid before enrollment fee will be accepted. All refund requests must be completed in person, at the Safekey Administration office.

_____(Parent/Guardian #1 Initial)

_____(Parent/Guardian #2 Initial)

Sign-In/Out: I understand that each child must be signed in and/or out daily. The only person(s) authorized to pick up the participant are those individuals listed on this form, and a photo ID must be shown. **EXCEPTION:** State law prohibits staff from withholding a child from an individual who provides tangible proof.

_____(Parent/Guardian #1 Initial)

_____(Parent/Guardian #2 Initial)

Custody Issues: I understand that if custodial issues are in dispute, causing any uncertainty or disruption to our staff or program, the Department expects them to be resolved immediately. If the issue is not resolved immediately, your child may not be able to continue to participate in Safekey.

_____(Parent/Guardian #1 Initial)

_____(Parent/Guardian #2 Initial)

Child Care Assistance: I understand that it is my responsibility to provide Urban League Certificates to the Safekey Administration Office in person **prior** to utilizing the Safekey program. Renewal certificates must be submitted in person **prior** to the expiration date. I agree to pay for any charges unpaid by Urban League.

_____(Parent/Guardian #1 Initial)

_____(Parent/Guardian #2 Initial)

Registration Form Updates: I understand that the only person(s) authorized to make changes to this form are the Parent/Guardian(s) who have completed this form and signed below.

_____(Parent/Guardian #1 Initial)

_____(Parent/Guardian #2 Initial)

Patron/Participant code of conduct: I/We have read and understand ALL the policies and procedures as outlined on this form and in the Safekey Parent/Participant Handbook. I agree to abide by the program rules and regulations. If procedures are not followed, I understand my child or myself may be removed from the program. This authorization will be effective until the beginning of the next school year.

_____(Parent/Guardian #1 Initial)

_____(Parent/Guardian #2 Initial)

I, Print Parent / Guardian #1 / Print Parent / Guardian #2, acting on behalf of myself or my minor child do expressly and forever waive and release Clark County, Nevada, Department of Parks and Recreation and all their respective officers, employees, agents, or representatives from any and all liability for personal injuries or damages sustained, incurred, or arising from participation in any Parks and Recreation activity.

PHOTO/VIDEO RELEASE: By registering for any Clark County Parks and Recreation program, I agree to allow publication of photos or video taken of my child/children or myself at any program, event or facility associated with the Clark County Parks and Recreation Department.

Signature of Parent/Guardian #1

Date

Signature of Parent/Guardian #2

Date

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