

ALLEGANY COMMUNITY CENTER

Recreation Registration for FALL 2016-2017

***Remember you must physically sign your child out of the Recreation Programs for your child (ren) s safety ***

(Child's) Name: _____ Address: _____
City: _____ State/Zip: _____
D.O.B. _____ Age: _____ child's grade this year: _____

Child is permitted to attend: Recreation

PLEASE CIRCLE ONE: ENROLLED , DECENDANT , ANOTHER TRIBE

Parent/ Guardian Information

Mother's Name: _____ Father's Name: _____
Address (If different) _____ Address(if different) : _____
City/State/Zip: _____ City/State/Zip: _____
Home Phone#: _____ Home Phone#: _____
Cell Phone #: _____ Cell Phone#: _____
Work Phone #: _____ Work Phone #: _____

Permission and wavier

I (print parent name), _____ give (print child's name) _____
permission to participate in the above specified program(s) instituted by the Seneca Nation of
Indians Allegany Community Center Recreation Program.

* All codes of conduct apply at Recreation, during traveling, and while in attendance at any
facilities. *

*If I do not sign this permission slip my child is not permitted to participate (no exceptions). I am the
rightful parent or guardian to the child named above. Recipient waives, releases and forever discharges all
claims against any of the Released Parties for any injuries, damages, losses or claims, whether known and
unknown, which arise during or result from any activity of or services provided by any of the Released Parties
under or in connection with the Seneca Nation of Indians Recreation Department programs, including but not
limited to any such injury, damage, loss, or claim arising from any Recreation services or any other services
provided as part of the Recreation program, except only to the extent caused by the negligence or other fault of
any of the Released Parties. In signing this permission slip I understand and agree to all terms and conditions
as described on this form.

Parent/guardian signature _____ Date _____

Emergency Contact

Recreation will first try to contact the parents/guardians. If unsuccessful who shall we contact?

Name: _____ Relationship to child: _____

Work Phone: _____ Home/Cell #: _____

Name: _____ Relationship to child: _____

Work Phone: _____ Home/Cell #: _____

Release

Please indicate whom your child/ children may be signed out to over the age of 18 other than yourself. ***We will not release children to an adult over 18 unless they are on this list.

Name: _____ Name: _____

Cell Phone #: _____ Cell Phone #: _____

Work Phone #: _____ Work Phone #: _____

Name: _____ Name: _____

Cell Phone #: _____ Cell Phone #: _____

Work Phone #: _____ Work Phone #: _____

**FOR Summer break
7:30-5:30**

Open Recreation Program

NO OPEN RECREATION DURING SUMMER PROGRAMMING

Emergency Health Care

In the event that I cannot be reached in an emergency, I hereby authorize emergency/ health care as deemed necessary for my child. I understand that the consent and authorization herein granted does not include major surgical procedures and is valid only during the hours my child is attending the SNI Recreation Programs. Physical conditions need to be made clear!

Name of Health Care Provider: _____

Address: _____

Phone #: _____ Child's Physician: _____

As Parent/Guardian of a participant in the Recreation program, I understand that the recreation department does not have any insurance coverage for any accidental injuries, illness, or personal property damages. I agree, by my signature below, to release and hold harmless the Seneca Nation of Indians, the Allegany Recreation Department from responsibility or liability for the injuries or damages not directly caused by the negligence of the department, it's officers, agents, or employees.

Parent/ Guardian signature: _____ Date: _____

Medical Information

Please indicate if your child has any allergies(if none please indicate so): _____

Medical conditions that our staff needs to know about in case your child needs medical attention (please indicate any emotional needs i.e. ADD, ADHD, etc.):

Is your child eligible for service at the Lionel R. John Health Center? _____ Yes _____ No

3677 Administration Dr., Salamanca, NY 14779
Telephone: 716.945.8119 x 3121

TALENT RELEASE FORM

I, _____, grant permission to the SENECA NATION RECREATION DEPARTMENT to photograph me or my family member(s). Any photographic images shot may be used by the Seneca Nation Newsletter for their website or news release or any other publication produced by the Seneca Nation of Indians.

Childs's Name _____

Parent/ Guardian Signature _____ Date: _____

**Allegany Recreation Department
Code of Conduct Form**

Disciplinary Policies

- Children/teens shall be courteous and respectful of staff and fellow children/teens at all times.
- Children/teens shall show respect for Recreation Dept. property and personal property of others.
- Children/teens shall cooperate with all staff during the program. Participation is mandated for individual success.
- No foul language will be used by anyone.
- No fighting, wrestling or horse play will be permitted.
- Children/teens will wear appropriate attire and footwear (sneakers, sweatpants, shorts, etc.) at ALL times.
- Cell phones and other electronic devices will not be permitted once the program begins.
- Food, candy, and beverages are not allowed in the Recreation Center.
- Children/teens will notify staff if they have to use the locker room. Anyone under the age of 13 is to be with adult supervision at all times.
- Children shall notify staff if any of these situations occur (i.e. abuse by another child, not feeling well, is hurt, etc.) It is encouraged that participants speak with staff in any situation no matter how simple or complex.
- Absolutely no drugs, alcohol, weapons, or potential weapons allowed. This will result in immediate and permanent expulsion from the program.
- All personal items are the responsibility of the child.
- If for any reason a child is not feeling well, is having an off day or would like to talk with staff about their day it is encouraged that the child do so. A phone call to a parent will follow this discussion, if necessary.
- There is NO tolerance for bullying, rather it be verbal, physical, or cyber. In the event of bullying children should notify staff immediately and action will be referred to step 2.

Action Plan for Inappropriate Behavior

Step 1- A child will be removed from the situation and asked to complete a "Think Sheet." Upon completion of the "Think Sheet"

the coordinator will review with the child their responses.

Step 2- A conference will be held with child, parent and appropriate recreation staff to discuss the situation. An action plan will be developed to help remedy the inappropriate behavior. A copy of the plan will be given to the parent and the original kept on file in the Recreation Department. If a behavior is threatening any persons safety, step 2 will be skipped and the situation will immediately move to step 3.

Step 3- A parent/ guardian will be called in immediately to discuss the child/children's behavior. At this time duration of the suspension will be discussed.

➤ Physical Contact: 5 days suspension

➤ Emotional and or Verbal Abuse (to staff and others) this includes bullying: 1-3 days

If frequent action plans are being developed a child may be at risk of losing privileges to attend the Recreation Program.

***WE HAVE THE RIGHT TO ASK ANYONE TO LEAVE AT ANYTIME IF NEEDED OR THE CHILD/TEEN IS BEING DISRUPTIVE AND NOT FOLLOWING THE RULES.* Depending on the severity of the situation one may lose all recreation privileges until further notice.**

I have read and I agree with the rules, code of conduct, and consequences stated above. I understand these policies will be strictly adhered to.

X _____
Parent/Guardian's Signature & Date

X _____
Child's Signature & Date

If you should have any questions, comments, or concerns please contact Jill Newark at (716)945-8119