

CENTRALINA CROSSOVER

FIVE-A PROGRAM

REGISTRATION FORM

Circle: *basketball *AAU basketball *football *baseball *soccer *boxing *martial arts *golf *tennis *track *volleyball *swimming*drum line *D1 Elite *chorus *leadership council *gang awareness *G.R.E.A.T. program *SAT prep *tutoring*dance *recording *drama *videography

Please complete both sides of this form. Type or print clearly

Child's Name:		Nickname:	
Parent/Guardian's Name: (Mother)		(Father)	
Mailing Address:			
PO Box or street #		City	Zip
Home Phone #:		please circle Pager/Mobile #:	
Father's Employer:		Work #:	
Mother's Employer:		Work #:	
Household income range: <input type="checkbox"/> \$0-\$15,000 / <input type="checkbox"/> \$15,000-\$25,000/ <input type="checkbox"/> \$25,000-\$35,000/ <input type="checkbox"/> over \$35,000			
School Name:		2010 EOG/EOC Math:	Science: Reading:
Grade:		Ever retained: YES or NO	
<i>Information on registered child –must be completed on each child registered</i>			
Birth Date:		Sex: Female – Male	Doctor's name:
*copy of birth certificate required!			
Hospital Preference:		Doctor's Phone #:	
Medical problems we should be aware of:			
Any particular fears your child may have:			
Any unique behavioral problems we should be made aware of:			
My child takes the following medications:			
If your child will need to take medication during program hours ask for a medication request form before they arrive in this program			
Any allergies: (such as food, bees, etc.)			
<i>In Case of an emergency, & Parents are not available, whom may we contact?</i>			
Name:		Phone #:	Relationship:
Name:		Phone #:	Relationship:
Name:		Phone #:	Relationship:
<i>Please give the name of anyone to whom the child is NOT to be released to</i>			
Name:		Relationship:	
Name:		Relationship:	

REQUIRED INFORMATION

Medical Insurance Information

Policy Holder Name:
 Insurance Company Name:
 Medical Insurance Policy/Group Number:
 Insurance Company Address:
 Insurance Company Phone Number:

NOTE: *This Child does not currently have insurance.*

Emergency Information...

REQUIRED!

In case of an emergency, I give the Director, or the person in charge, the authority and my permission to obtain medical aid from a qualified physician or hospital.

Signature of Parent/Guardian

Date

Special Event Travel Release Form...

REQUIRED!

I understand that some Centralina Crossover (CC) activities may be away from the CC site. I grant permission for my child to leave the CC site in order to participate in off site activities. The CC staff will notify me in advance of plans to be offsite for field trips and other program activities.

Signature of Parent/Guardian

Date

Pick-Up Time Agreement...

REQUIRED!

I or the following persons **will** pick up my child.
 The following people have permission to pick up my child from the Police Athletic League program:

Name:	Relationship:
Name:	Relationship:
Name:	Relationship:

I have read the Centralina Crossover (CC) information and agree to ALL procedures and policies, and I agree to abide by them; and I have read and gone over with my child the rules and discipline policies of CC and I agree to abide by them.

Signature of Parent/Guardian

Date

TRAVEL PERMISSION

I grant permission for my child _____ to participate in

- Trips in the van/bus/ automobile (facility or parent owned)
- Field trips, sports and recreational activities away from the facility

I understand that I will be notified each time my child is to participate in a trip that involves travel.

This permission covers program period: January – December 2011

I understand that all staff will do everything possible to provide a safe environment and positive supervision for my child during off site trips. Therefore, I will hold harmless Centralina Crossover (CC), Police Athletic League (PAL), Christian Outreach of the Piedmont, Inc., Success Institute, or any of its other partners, their employees, coaches and agents from and against all claims of bodily injury, sickness, disease or death, loss or destruction of tangible property arising out of the performance of their duties at any of the services, games and activities, or field trips associated with the CC program.

Signed: _____
Parent/Guardian signature *DATE*

Date: _____
Name PRINTED

Health Waiver and Sports Indemnification Agreement

Although the staff of the Centralina Crossover (CC) will take all of the necessary precautions to ensure the safety of my child, I affirm that my son/daughter has no health history or present condition that would prevent him/her from participating in sports activities. He/she has gone through the necessary physicals which has kept me up to date with his/her present health status. Therefore, I will not consider CC, PAL, Christian Outreach, or Success Institute liable for any preexisting physical condition my child may have prior to joining in physical education/sports activities.

I also understand that some sports may be dangerous and that my child could get injured due to the nature of the sport. To the fullest extent permitted by the law, I shall indemnify or hold harmless Centralina Crossover (CC), PAL, Christian Outreach, and Success Institute, its employees and agents from and against all claims, demands, suits, damages, judgment of sums of money, losses and expenses, including but not limited to attorney's fees and cost arising from bodily injury, sickness, disease or death, or to injury to or destruction of tangible property, including the loss of use resulting there from during the execution of sports activities (practices, games, etc.) regardless of whether they are caused in whole or in part by any act or omission of the CC Program, or any party indemnified hereunder.

Child's Name _____
Parent/Guardians Signature _____

Date _____

DISCIPLINE AND BEHAVIOR MANAGEMENT POLICY

Praise and positive reinforcements will be used as the primary methods to develop good self-concept, problem solving abilities, and self-discipline and character in children. This staff will practice the following discipline and behavior management policy:

WE:

1. DO praise, reward, and encourage the children
2. DO reason with and set limits for the children
3. Do model appropriate behavior for the children
4. DO modify the classroom environment to attempt to prevent problems before they occur
5. DO listen to the children
6. DO provide alternatives to the children for inappropriate behavior
7. DO provide the children with natural and logical consequences of their behaviors
8. DO treat children as people and respect their needs, desires, and feelings
9. DO deal with minor misbehaviors with positive counseling
10. DO explain things to children on their level
11. DO use short supervised periods of "time-out:"
12. DO stay consistent in our behavior management program

WE:

1. DO NOT spank, shake, bite, pinch, push, pull, slap, or otherwise
2. DO NOT make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children
3. DO NOT shame or punish the children when bathroom accidents occur.
4. DO NOT deny food or rest as punishment
5. DO NOT relate discipline to eating, resting, or sleeping
6. DO NOT leave the children alone
7. DO NOT place the children in locked rooms, closets, or boxes as punishment
8. DO NOT allow the discipline of children by children
9. DO NOT criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups
10. DO NOT allow children to shake, bite, pinch, push, or otherwise fight with other children
11. DO NOT allow children to make fun of, or otherwise belittle other children's parents, families, or ethnic groups
12. DO NOT allow children to use profanity, or be disruptive in camp.

I, the undersigned parent or guardian of _____
(child's full name), do hereby state that I have read and received a copy of Centralina Crossover's Discipline and Behavior Management Policy and that the program director/coordinator (or other designated staff member) has discussed the policy with me.

Signature of parent or guardian

Date