

Reminderville Athletic Club Latchkey Program  
Village of Reminderville Recreation Center  
3100 Glenwood Blvd.  
Reminderville, Ohio 44087

<b>2020-2021 School Year</b>	<b>Rate</b>
6:30 a.m. Drop off	\$180.00/Month
6:00 p.m. Pick up	\$250.00/Month

**To Register:**

Complete all forms and return in person to the Reminderville Athletic Club, 3100 Glenwood Blvd. during registration dates below.

A non-refundable registration fee of \$25.00 is needed to guarantee your child a spot in the program.

To be eligible, children must be entering grade K – 6<sup>th</sup> for Twinsburg School District and K – 5<sup>th</sup> for Aurora School District, for the 2020-2021 school year.

For current Latchkey members, enrollment for the 2020-2021 school year is Monday, July 27<sup>th</sup>-Friday, July 31<sup>st</sup>. Hours 6-8pm at the RAC.

Enrollment for Reminderville, Twinsburg, and Aurora residents is Monday August 3<sup>rd</sup>-Friday August 7<sup>th</sup>. Hours 6-8pm at the RAC. Space is limited.

If the program reaches full capacity, a waitlist will be created.

Visit our website at [www.remindervillerc.com](http://www.remindervillerc.com) to view the Latchkey Program Handbook under the Latchkey tab. Latchkey forms are available on our website under the forms tab.

Latchkey checks payable to **VILLAGE OF REMINDERVILLE.**

## Reminderville Latchkey Program 2020-2021 Registration Form

Child Name \_\_\_\_\_ Child's Gender \_\_\_\_\_

Home Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ AM/PM/Both \_\_\_\_\_

Home Email Address \_\_\_\_\_

Primary Phone Number ( ) \_\_\_\_\_ Grade in Fall \_\_\_\_\_

School District \_\_\_\_\_ School Name/Attending School Year \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

### **Health**

Any chronic health issues? \_\_\_\_\_

Any Allergies? \_\_\_\_\_

Any food not to be offered? \_\_\_\_\_

Any serious operations or hospitalizations? \_\_\_\_\_

Any difficulty hearing, speech or vision? \_\_\_\_\_

Taking any medication or supplements? \_\_\_\_\_ What? \_\_\_\_\_

Anything Latchkey Staff should be aware of? \_\_\_\_\_

## Emergency Information

Purpose: To enable parents/guardian to authorize the provision of emergency treatment for children who become ill or injured. The information requested is especially important if you cannot be reached or if you are out of town.

<b>Student Name</b> _____		
LAST		FIRST

<b>Persons authorized to pick up my child</b>		
1. Name _____	Phone ( ) _____	Relationship _____
2. Name _____	Phone ( ) _____	Relationship _____
3. Name _____	Phone ( ) _____	Relationship _____

Are there any persons who may not pick up your child? _____
Are there any special custody or visitation arrangements that we should be aware of? _____
If so, please provide written documentation.

Provide any additional information that may be helpful to the staff including allergies: _____ _____
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<b>To Grant Consent</b> In the event that reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the transfer of my child to any hospital reasonably accessible and the administration of any treatment deemed necessary by a licensed physician or dentist. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity for each surgery are obtained prior to the performance of such surgery.	
_____ Signature of Parent/Guardian	_____ Date

In consideration of your accepting myself, my child or my family's entry, I hereby, for myself, my child and my family, waive and release any and all rights and claims for damages we may have against the Village of Reminderville, their representatives, successors and assigns for any and all injuries suffered by myself, my child or my family in any activity sponsored by these groups. I do hereby grant and give these groups the right to use myself, child or family in photographs or images with or without myself, my child or family's name, both single and in conjunction with other persons or object for the purpose of advertising and publicity only. I warrant that I have the right to authorize the foregoing uses and do hereby agree to hold the Village of Reminderville harmless of and from any and all liability of whatever nature which may arise out of or result for such uses.

ADDENDUM TO THE REMINDERVILLE ATHLETIC CLUB  
MEMBERSHIP AGREEMENT & RELEASE

This Addendum is hereby entered into by \_\_\_\_\_  
(print member name) (“User”) to supplement his/her/their original Reminderville Athletic Club  
 (“RAC”) Membership Agreement (“Agreement”), which is incorporated as if fully rewritten  
 herein, on behalf of any/all person(s) included in the Agreement.

There is currently a worldwide pandemic due to the novel coronavirus (“COVID-19”). COVID-  
19 is an extremely contagious disease that can lead to severe illness and death. An inherent risk  
 of exposure to COVID-19 exists in any public place where people are present or have been  
 present. The State of Ohio is under a State of Emergency and under multiple orders issued by  
 the Ohio Department of Health. The Village of Reminderville (“Village”) is not permitted under  
 those orders to allow the use of the RAC facility unless it complies with those orders. To  
 permit/authorize operations and use of the RAC during the State of Emergency, the Village and  
 all users of Village facilities shall adhere to Centers for Disease Control and Prevention (“CDC”)   
 guidelines and Responsible Restart Ohio requirements, incorporated herein as “Exhibit A,” and  
 may be subsequently amended.

ASSUMPTION OF RISK AND WAIVER OF LIABILITY

In consideration of use of the RAC as provided in the Agreement, User, on behalf of any/all  
 person(s) included in the Agreement, agrees to assume all risks involved in use. User  
 understands that an inherent risk of exposure to COVID-19 exists in any public place where  
 people are present or have been present. User acknowledges that COVID-19 is an extremely  
 contagious disease that can lead to severe illness and death. User voluntarily assumes all risks  
 related to exposure to COVID-19, on behalf of User, any/all persons included in the Agreement,  
 his/her/their heirs, executors, administrators, and assigns. User, on behalf of any/all person(s)  
 included in the Agreement shall comply with CDC guidelines and Responsible RestartOhio  
 requirements (Exhibit A), and as may be subsequently amended. User acknowledges and  
 understands that failure to comply will result in termination of his/her/their use of the RAC.

In consideration of use of the RAC as provided in the Agreement, on behalf of User, any/all  
 person(s) included in the Agreement, his/her/their heirs, executors, administrators, and assigns,  
 User does hereby release, discharge, indemnify, and hold harmless the Village, its officers,  
 employees, agents, and assigns from any and all liability, claims, costs, expenses, injuries,  
 damages and/or losses User may sustain as a result of participation in the Agreement and use of  
 the RAC.

USER: \_\_\_\_\_ DATE: \_\_\_\_\_

## EMERGENCY MEDICAL AUTHORIZATION

School: \_\_\_\_\_

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Purpose: *To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.*

<b>Parent or Guardian Information:</b>	Home Phone	Work Phone	Cell Phone	E-mail Address
<b>Mother's Name:</b>				
<b>Father's Name:</b>				
<b>Alternate Contact Name:</b>				
<b>Address:</b>	<b>Relationship to child:</b>			

### PART I OR PART II MUST BE COMPLETED

**PART I - TO GRANT CONSENT**

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Specialist: \_\_\_\_\_ Phone: \_\_\_\_\_

Local Hospital: \_\_\_\_\_ Emergency Room Phone: \_\_\_\_\_

- In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.
- This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.
- Pertinent health information will be shared with appropriate school staff only on a need-to-know basis.
- Facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted: \_\_\_\_\_

\_\_\_\_\_

*Date*

*Signature of Parent/Guardian*

**PART II - REFUSAL TO CONSENT**

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, the school authorities may take the following action: \_\_\_\_\_

\_\_\_\_\_

*Date*

*Signature of Parent/Guardian*