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

2023-2024 School Year	**Rate**
6:30 a.m. Drop off	$200.00/Month *Fees Prorated: August $120* *November, December,* *January & March: $150*
6:00 p.m. Pick up	$275.00/Month *Fees Prorated: August $175* *November, December,* *January & March: $210*

To Register:
To sign up you must complete all forms and return them 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 enter grade K – 6th for Twinsburg School District 2023-2024 school year.

For current Latchkey members, enrollment for the 2023-2024 school year is the week of Monday May 15th-Friday May 19th. During Latchkey hours.

Open Enrollment for Reminderville and Twinsburg residents will be Monday May 22nd - Thursday May25th. During business hours. Space is limited.

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

Visit our website at www.remindervillerac.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 **CITY OF REMINDERVILLE.**

Reminderville Latchkey Program 2023-2024 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.

Student Name _____
LAST FIRST

Persons authorized to pick up my child

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:
_____

To Grant Consent

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 City 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 City 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 City of Reminderville ("City") 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 City and all users of City 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 Restart Ohio 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 City, 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.*

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

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*