



**KODIAK BAPTIST MISSION
AFTER SCHOOL RECREATION FOR KIDS**

Registration Form

1944 Rezanof Drive East, Kodiak AK 99615

Phone 486-4126, FAX 486-5567

After School Care

All After School Care includes School Pick Ups and Closes at 5:30pm.

Check one.

Traditional Full Time- 5 days/week \$339/month Outdoor Full Time- 5 days/week \$375/month

Traditional Part Time- 3 days/week \$200/month Outdoor Part Time- 3 days/week \$236/month

Traditional Part Time- 2 days/week \$136/month Outdoor Part Time- 2 days/week \$172/month

An additional application is required for Outdoor ARK.

Circle the days you would like your child to attend ARK

Monday Tuesday Wednesday Thursday Friday

Requested Start Date: _____

Are you receiving Daycare Assistance? If so, with whom?

Child's Name: _____ Date of Birth: _____

School: _____ Grade: _____

Home Address: _____

Mailing Address: _____

Email Address: _____

Caregiver's Name: _____ Caregiver's Name: _____

Cell Phone: _____ Cell Phone: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

Emergency Contact: _____ Phone: _____

Names of people authorized to pick up child _____

In the case of an emergency and I am not available I give permission for:

Dr _____ phone _____

Dentist _____ phone _____

to provide medical treatment as necessary for my child.

This authorizes **After School Recreation for Kids/Kodiak Baptist Mission** to transport or authorize emergency transportation and gives permission to medical or hospital personnel to provide emergency medical care for _____ (child's name), if I cannot be contacted immediately. I understand that a conscientious effort will be made to locate me, or my child's other caregiver, or emergency contact before any action is taken. I understand my obligation to keep my child care provider informed of my whereabouts. I will assume the cost of necessary medical or surgical care including emergency transportation.

Signature of Caregiver _____ Date _____

PHOTO RELEASE

I, _____ allow the use of my/my child's photo image to be used in a non-commercial photograph/video for the Kodiak Baptist Mission. I realize the photograph/video is for information and fund raising. The mission or its representatives may use the photograph/video images and edit them to fit the purpose of the Mission.

No personal information will be released about the photograph/video or disclosed in any other fashion.

Signed _____
Caregiver

I have received and agree to the terms of the ARK Parent Handbook.

Caregiver Signature: _____ **Date:** _____

Please note: Sonshine Christian Preschool and Daycare, ARK, & Island Summer Adventures adhere to all policies as written in the KBM "Parent Policy Handbook".

Transportation & Field Trips

My child, _____, has permission to participate in field trips and ride in Kodiak Baptist Mission vehicles. I understand that children under 8 years old, under 65 lbs., and under 57 in. are required by Alaska State Law to be in a car seat. I WILL PROVIDE A CAR SEAT FOR MY CHILD IF NECESSARY.

Child's Birthdate: _____

Child's Weight: _____ Child's Height: _____

Caregiver Signature: _____ Date: _____

High Risk Activity

I understand that my child may be participating in activities on and off KBM property that are considered high risk. I feel that my child is developmentally ready, both physically and emotionally, and possesses the skills needed to participate in the activities I have marked below. My child is in good physical condition and has not had any serious illness or surgery since his/her last health examination. In case of any emergency, when I cannot be reached, I give permission for my child to be treated by a qualified physician at the nearest hospital. (There may be additional release forms specific to the activities listed below that need to be signed.)

I understand the risk inherent in the below activities: (Please check all those that your child has permission to participate in if given the opportunity.)

Horsemanship Climbing Wall Bicycle riding Tide-Pooling Campfire Cooking
 Hiking Swimming Kayaking Wood Shop Fishing
 Gymnastics Challenge Course (low & high elements)

The purpose of the Student Release/High Risk Form is to inform caregivers of the risk and to provide the opportunity for their own evaluation of the skills and behavior necessary to safely participate in the activity. You will be asked to sign a separate release form for Horsemanship and The Challenge Course/Climbing Wall.

Caregiver Signature: _____ Date: _____

Challenge Course & Climbing Wall

Release of Liability- Acknowledgement of Risk

I understand that aspects of the KBM Challenge Course, including the Climbing Wall, may be physically and emotionally demanding. I affirm that my child is in good health and that my child is not under a physician's care for any undisclosed condition that bears upon my child's ability to participate in these activities. I recognize the inherent risk of injury or disability in these activities. I understand that I must assume the risk of injury that could result from any of these activities. I release KBM, its staff members, volunteers, and board of directors from all liability for any injury to my child from participating in these activities.

Caregiver Signature: _____ Date: _____

Release for the KBM Farm

I voluntarily agree to assume all risks involved in farm animal activities including horse riding. I understand that my child’s participation comes with the risk of, but not limited to physical injury due to bites, scratches, and other unpredictable actions of animals. I also understand that my child will be exposed to an active barn and have close contact with living animals and may have allergen exposure. As the caretaker I assume all risks of my child engaging in farm activities.

[Date]

[Signature]

KBM Horsemanship/Pioneer Camp Release

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT
READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT. YOUR SIGNATURE INDICATES YOU UNDERSTAND IT AND AGREE ON ITS TERMS. BY SIGNING THIS AGREEMENT, YOU AND YOUR CHILD ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE OR RECOVER DAMAGES IN CASE OF INJURY, DEATH OR PROPERTY DAMAGES, FOR ANY REASON, INCLUDING BUT NOT LIMITED TO, THE NEGLIGENCE OF THE STABLE; IT’S OWNER, EMPLOYEE AND AGENTS (“THE RELEASEES”). I, _____ [Print First and Last Name] on behalf of myself (and my minor child) _____ [Print Child’s Name.]

I HEREBY:

1. Acknowledge that a horse or mule may, without warning or any apparent cause, buck, stumble, fall, rear, bite, kick, run, make unpredictable movements, spook, jump obstacles, step on a person’s feet, push or shove a person, saddles or bridles may loosen or break – all of which may cause the rider to fall or be jolted, resulting in serious injury or death.
2. ACKNOWLEDGE THAT HORSEBACK RIDING IS AN INHERENTLY DANGEROUS ACTIVITY AND INVOLVES RISKS THAT MAY CAUSE SERIOUS INJURY AND IN SOME CASES DEATH, because of the unpredictable nature and irrational behavior of horses, regardless of their training and past performance.
3. Voluntarily assume the risk and danger of injury or death inherent in the use of the horse, equipment and gear provided to me by Kodiak Baptist Mission, hereinafter referred to as KBM.
4. RELEASE, DISCHARGE AND PROMISE NOT TO SUE KBM, doing business under its own name or any other name and/or any of its owners, officers, employees and agents (hereinafter the “Releasees”), for any loss, liability, damages, or cost whatsoever arising out of or related to any loss, damage, or injury (including death) to my person or property.
5. Release the Releasees from any claim that such Releasees are or may be negligent in connection with my riding experience or ability including but not limited to training or selecting horses, maintenance, care, fit or adjustment of saddles or bridles, instruction or riding skills or leading and supervising riders.
6. I have made a free and deliberate choice to sign this Release and Waiver as a condition to Releasees allowing my child to ride or handle a horse. I have concluded that the risks involved and the release and waiver of liability is worth the pleasure of horseback riding experience.

[Date]

[Signature]