



Dear Parents and Guardians,

Thank you for considering Barona Recreation Department. We take pride in serving the Barona community. We have planned fun, safe, and inspirational programs for your child. To register your child, please fill out the attached four-page registration form. Your registration is complete when you have submitted the forms along with the quick-access double sided emergency card and Kinder Proof of Age.

NON-BARONA TRIBAL REGISTRATION GUIDELINES: The After School Program & Day Camps are designed for Barona Tribal Members, Barona Community residents, Barona Indian Charter School and Barona Employee Dependents. Barona Tribal Members have the first opportunity to register for our programs. After Barona Tribal Registrations, others will have an opportunity to register for any remaining spaces; with varying criteria to determine priority, depending on the specific program. Please note, enrollment is on a first-come, first-served basis according to the date received. **These forms are good June 20, 2017 through June 19, 2019.**

If you have any questions or concerns, please feel free to contact us in person (office hours Monday-Friday 9:00 AM-6:00 PM) or by phone at 619.443.7003 ext. 5

Sincerely,

Barona Recreation Department Management

Please print legibly

School Name: _____ Grade Level for 2017-2018 school yr. _____

Last Name (LEGAL NAME) _____ First _____ Middle _____

Birth Date: ____/____/____ Age: _____ Gender: Male Female Home Phone Number: (____) _____

Household Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (if different): _____ City: _____ State: _____ Zip: _____

You must provide information for two contacts.

1. ENROLLING PARENT/GUARDIAN OR FOSTER PARENT

Full Name _____ Relationship to student _____ Lives with student? _____

If no, provide address: _____ City: _____ State: _____ Zip: _____

Primary Language: _____ Home Phone: (____) _____ Cell: (____) _____

Cell Phone Provider: _____ Email Address: _____

Employer: _____ Work Phone: (____) _____

2. OTHER PARENT/GUARDIAN OR FOSTER PARENT

Full Name _____ Relationship to student _____ Lives with student? _____

If no, provide address: _____ City: _____ State: _____ Zip: _____

Primary Language: _____ Home Phone: (____) _____ Cell: (____) _____

Cell Phone Provider: _____ Email Address: _____

Employer: _____ Work Phone: (____) _____

3. EMERGENCY CONTACTS (provide at least one Emergency Contact)

Full Name _____ Relationship to student _____ Authorized to pick up Student? _____

Lives with student Yes No If no, provide address: _____ City: _____

State: _____ Zip: _____ Primary Language: _____ Home Phone: (____) _____

Cell: (____) _____ Cell Phone Provider: _____ Email Address: _____

Employer: _____ Work Phone: (____) _____

Full Name _____ Relationship to student _____ Authorized to pick up Student? _____

Lives with student Yes No If no, provide address: _____ City: _____

State: _____ Zip: _____ Primary Language: _____ Home Phone: (____) _____

Cell: (____) _____ Cell Phone Provider: _____ Email Address: _____

Employer: _____ Work Phone: (____) _____

Full Name _____ Relationship to student _____ Authorized to pick up Student? _____

Lives with student Yes No If no, provide address: _____ City: _____

State: _____ Zip: _____ Primary Language: _____ Home Phone: (____) _____

Cell: (____) _____ Cell Phone Provider: _____ Email Address: _____

Employer: _____ Work Phone: (____) _____

Participant's Last Name (Legal Name) _____ First _____ Middle _____

STUDENTS HEALTH HISTORY INFORMATION

Some recreation programs operate on the Barona Indian Charter School campus; however, your child's health and medication is not accessible to our department. To ensure we provide a physically and emotionally safe environment for your child, please fill in all information and attach documents if needed.

1. Is your child under regular supervision by a physician/healthcare provider? Yes No

If you answered yes, please indicate the date of last exam: _____

2. A) does your child have any of the following medical conditions?

Asthma ADHD Diabetes Severe Allergy/EpiPen Auto-Injector Seizure Disorder Other

If you marked any condition above, please describe the type: _____

Has your child ever been stung by a bee? Yes No if you answered yes, please explain reaction _____

3. Name of Physician: _____ Phone Number: _____

Primary Insurance Company: _____ Primary Group/Policy# _____

I certify to the best of my knowledge that the participant has full medical insurance with the company listed above. I also certify to the best of my knowledge that the participant named here is physically fit to engage in Recreation Programs.

Parent/Guardian Signature: _____ Relationship to student: _____ Date: _____

To the leader in charge of this activity:

If, during the course of my child's activity or travel, he/she should become ill or sustain injury, I hereby authorize you to facilitate the transport of my child to the nearest emergency hospital for emergency treatment and measures deemed necessary for the safety and protection of my child, at my expense.

I understand that this form must be updated when my information changes.

Enrolling Parent/Guardian Signature: _____ Date: _____

After School/ Day Camp Late Policy

Each Incident (INCIDENT 1-4) will warrant a \$1.00 charge for every minute a child is left at the Recreation Center between 6:00 pm-7:00 pm. Child (ren) may not return until suspension has been lifted and fees have been paid.

If you are a Barona Tribal Member/or live on the Barona Reservation Tribal Enforcement will be contacted and they will give you a courtesy notification at the address you provided on the registration forms. After 7:00 pm Tribal Enforcement will once again be contacted and your child (ren) will be dropped off at the Tribal Enforcement Dispatch Office across the street.

CONSEQUENCES FOR LATE PICK UP

1st Incident: Warning-A letter will be sent to inform the parents/guardians that they have broken the program policy. Will warrant a \$1.00 charge for every minute a child is left at the Recreation Center.

2nd Incident: Suspension– Child (ren) will ineligible to attend the program for one day and a letter will be sent to inform the parents/guardians that they have broken the program policy. Will warrant a \$1.00 charge for every minute a child is left at the Recreation Center.

3rd Incident: -Suspension– Child (ren) will ineligible to attend the program for two days and a letter will be sent to inform the parents/guardians that they have broken the program policy. Will warrant a \$1.00 charge for every minute a child is left at the Recreation Center.

4th Incident: -Suspension– Child (ren) will ineligible to attend the program for one week and a letter will be sent to inform the parents/guardians that they have broken the program policy. Will warrant a \$1.00 charge for every minute a child is left at the Recreation Center.

For a thirty day period after the 4th incident, any occurrence of late pick up will grant authority to the Recreation Center Director to revoke privileges of participation in all Barona Recreation Center programs.

Parent/Guardian After- School & Day Camp Programs Late Policies & Procedures Agreement

By signing below, I indicate my understanding and acceptance of the Barona Recreation Center policies set forth in this agreement.

Date

Parent/Guardian Signature

Tribal Community Affiliation:

- Native American (enrolled tribe : _____) Immediate Family of a Barona Tribal Member
- Renting on Barona Reservation Non-Native attending BISC
- Employee by Barona Resort and Casino or BBMI

Barona Resort and Casino Employment Information:

Current Supervisor's Name: _____

Department: _____ Department's Number & Ext: _____/_____

**BARONA RECREATION CENTER
Parent/Guardian
POLICIES & PROCEDURES**

INDEMNITY

I agree to reimburse the Barona Recreation Department for any and all costs incurred either by the Tribe, the Recreation Department, or staff as a result of my child's violation of these policies.

I further understand that Recreation Center staff will use their best efforts to supervise my child and his/her property while at the Recreation Center; however, I will hold the Tribe, the Recreation Department, and staff free and harmless from liability for all claims for any loss, damage, or injury arising from my child's use of Recreation Center facilities and participation in After School /Day Camp activities.

Parent/Guardian Policies & Procedures

By signing below, I indicate my understanding and acceptance of the Barona Recreation Center Policies and Procedures set forth in this agreement.

Date

Parent/ Guardian Signature

Child's POLICIES & PROCEDURES AGREEMENT

Please Read to your child the Barona Recreation Center Handbook.

I, (child print name) _____, agree to follow all rules in this agreement, and I understand the consequences if I do not follow the rules.

Date

Child's Signature/ or print