



Dear Parents and Guardians,

Thank you for considering Barona Recreation Department's programs. We take pride in serving the Barona Community. Participation in the Barona Recreation programs is a privilege. Please read the handbook carefully before filling out the registration forms. The handbook is yours to keep. We have planned an exciting and engaging environment full of fun-packed programs. To register, please fill out the attached three-page registration form. Your enrollment is complete when you have submitted the forms along with the quick-access double-sided emergency card and proof of age.

### **ENROLLMENT GUIDELINES**

While we serve Barona Tribal Members and their dependents, Barona community residents, Barona Indian Charter School students, and Barona Resort & Casino Dependents, not all individuals are eligible for all programs. Specific eligibility questions can be addressed with the Director.

\*Barona Resort & Casino Employee Dependents may attend only during day camps.

Barona Tribal Members have the first opportunity to register for our programs. Others are accepted as eligibility and space allows.

### **AGE REQUIREMENTS**

All our programs are open to children in kindergarten through 8th grade.

**NOTE: At the start of the new school year, participant must be 5 years of age by September 1, regardless if the participant is enrolled in a kindergarten class as a "TK" Transitional Kindergarten.**

1. During Summer Camp, we have an exemption. \*The only exception is for a 4- year-olds attending Summer Camp who will turn 5 years old by the start of the new school year. (September 1<sup>st</sup>)
2. Proof of age is required for all kindergarteners and must submit at the time of registration.
3. Acceptable forms of age verification are birth certificates, immunization records, or other official documents with name and date of birth.

If you have any questions, please contact us in person or by phone at 619.443.7003 ext. 1

Office Hours: Monday through Thursday 9:00 AM-2:00 PM (closed for lunch 12:30 PM-1:30 PM)

Friday 9:00 AM – 11:30 AM (closed for lunch 11:30 AM-12:30 PM)

Sincerely,

Barona Recreation Department Management

**PARTICIPANT INFORMATION OR MULTIPLE SIBLINGS**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Birth Date \_\_\_\_\_ Gender: Male Female Grade: \_\_\_\_\_ School: \_\_\_\_\_  
Allergies \_\_\_\_\_ Other medical conditions \_\_\_\_\_  
Name of Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Primary Insurance Company: \_\_\_\_\_ Primary Group/Policy# \_\_\_\_\_

---

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Birth Date \_\_\_\_\_ Gender: Male Female Grade: \_\_\_\_\_ School: \_\_\_\_\_  
Allergies \_\_\_\_\_ Other medical conditions \_\_\_\_\_  
Name of Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Primary Insurance Company: \_\_\_\_\_ Primary Group/Policy# \_\_\_\_\_

---

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Birth Date \_\_\_\_\_ Gender: Male Female Grade: \_\_\_\_\_ School: \_\_\_\_\_  
Allergies \_\_\_\_\_ Other medical conditions \_\_\_\_\_  
Name of Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Primary Insurance Company: \_\_\_\_\_ Primary Group/Policy# \_\_\_\_\_

---

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Birth Date \_\_\_\_\_ Gender: Male Female Grade: \_\_\_\_\_ School: \_\_\_\_\_  
Allergies \_\_\_\_\_ Other medical conditions \_\_\_\_\_  
Name of Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Primary Insurance Company: \_\_\_\_\_ Primary Group/Policy# \_\_\_\_\_

---

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Birth Date \_\_\_\_\_ Gender: Male Female Grade: \_\_\_\_\_ School: \_\_\_\_\_  
Allergies \_\_\_\_\_ Other medical conditions \_\_\_\_\_  
Name of Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Primary Insurance Company: \_\_\_\_\_ Primary Group/Policy# \_\_\_\_\_

Barona Recreation Department: Registration Forms  
After-School programs & Day Camps

**ENROLLING PARENT/LEGAL GUARDIAN INFORMATION**

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Lives with student? \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Primary Language: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Lives with student? \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Primary Language: \_\_\_\_\_

**AUTHORIZED PICKUP**

Please note that only the enrolling parent will be permitted to complete this form. list any individual who is authorized to pick up your child, including yourself. **Each authorized person must be at least 16 years of age.** The above-named child(REN) will not be permitted to leave the program with anyone who is not listed below. Authorized individuals must pick up the child in person and may be requested to show identification to program staff. Children will not be released to persons who fail to provide acceptable identification upon request. I authorize the following persons to pick up my child from the program (attach additional pages as needed):

Name	Phone number	Relationship	Lives With	Emergency	Pickup
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Barona Recreation Department: Registration Forms  
After-School programs & Day Camps

**INDEMNITY**

I agree to reimburse the Barona Recreation Department for all costs incurred either by the Tribe, the Recreation Department, or staff, because of my child's actions.

I further understand that the 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.

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.

If, during my child's activity or travel, he/she should become ill or sustain injury, I allow Barona Recreation Department to facilitate and transport my child to the nearest emergency medical facility for treatment and measures deemed necessary for the safety and protection of my child, at my expense.

By signing below, I indicate my understanding and acceptance of the Barona Recreation Department's Indemnity Policies set forth in this agreement.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

**Affiliation:**

- Barona Tribal Member
- Immediate Family of a Barona Tribal Member
- Native American (Tribe: \_\_\_\_\_)
- Renting on Barona Reservation
- Non-Native attending Barona Indian Charter School
- Employed by Barona Resort & Casino or BBMI

**Barona Resort and Casino Employment Information:**

Current Supervisor's Name: \_\_\_\_\_

Department: \_\_\_\_\_ Department's Number: \_\_\_\_\_ & ext. \_\_\_\_\_

Barona Recreation Department: Registration Forms  
After-School programs & Day Camps

**Participant’s Polices & Procedures Agreement**

Please review Barona Recreation Department Handbook with your child (REN).

I agree to follow all rules in this agreement, and I understand the consequences if I do not follow the rules.

**Participants (aka child/children) sign name below:**

Date	Signature(s)

**Parent’s Policies & Procedures Agreements**

Parent/Legal Guardian please read the following information carefully. You must initial each line indicating that you understand and agree to all the following. For policies and procedures please refer to your Parent/Legal Guardian & Participant Handbook.

- 1. Safety and Visitation Policy (pg.2) Initial \_\_\_\_\_
- 2. Participant Conduct Agreement (pg.3) Initial \_\_\_\_\_
- 3. Technology Use Policy and Wavier (pg.4) Initial \_\_\_\_\_
- 4. Zero Tolerance (pg. 4) Initial \_\_\_\_\_
- 5. General Facility, Pool and Van Rules (pg. 4-5) Initial \_\_\_\_\_
- 6. Check-in & Check-out Policy (pg. 5-6) Initial \_\_\_\_\_
- 7. Late Pickup Policy (pg. 6) Initial \_\_\_\_\_
- 8. Medication, Injury and Illness Policy (pg.6-7) Initial \_\_\_\_\_
- 9. Emergency & Disaster Preparedness (pg. 7-8) Initial \_\_\_\_\_
- 10. Youth Sports & Special Events (pg.9) Initial \_\_\_\_\_

I have read Barona Recreation Department’s Parent/Legal Guardian-Participant Handbook. I agree to the rules and policies as listed therein.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

Barona Recreation Department: Registration Forms  
After-School programs & Day Camps

**Parent/Minor Technology Use Acknowledgment & Waiver**

Barona Recreation Department provides staff and patrons access to computers and internet/Wi-Fi services; as well as video game systems. In addition, many parents provide their children with laptop computers and smart phones. This document details our policies regarding such technology.

1. **Wi-Fi**-Barona Recreation Department provides free Wi-Fi. Access to adult websites is blocked by filters put in place by our IT Department. Unfortunately, many apps can expose children to questionable content and cannot be blocked, so parents must be vigilant about what they allow their children to download and how they use those apps.
2. **Computers**-Barona Recreation Department has several computers available for use during Game Room Time or for Special Activities, such as photo editing. The computers are grouped together, in plain view of other students and staff. Staff check-in regularly to see what users are doing on computers.
  - a. During Game Room Time, children are rotated on and off at 15-minute intervals, while others are waiting.
  - b. Special Activities have a set time limit.
3. **Video Game Systems**-Barona Recreation provides several options for gaming while in the Game Room. A list of systems and games are available upon request.

**Commitment from Staff**

Our staff has been trained to look out for signs of potential technology abuse. Some of these signs are:

- Gathering around a device in a large group
- Reluctance to show a curious staff member what is being viewed on a device
- Secretive behavior, such as moving far from others to use a device
- Quickly closing windows or apps when an adult comes near

If any of these behaviors are witnessed repeatedly, parents will be notified.

**Expectations**

To use any our technology, we ask that parents and minors agree to avoid the following behaviors.

1. View or post material that is discriminatory, harmful, obscene, sexually explicit, or disruptive.
2. Bully, harass, intimidate, or threaten other students, staff, or other individuals ("cyberbullying").
3. Sharing the following online:
  - a. Photos or videos taken at our facilities and during our programs
  - b. Others private personal information (such as name, school, workplace, address, telephone number, etc.).
4. Destroying equipment
5. Placing a virus on computers
6. Adding or removing a computer program without permission
7. Changing settings on computers
8. "Hacking" into the system to manipulate data or other users.
9. Engage in or promote any practice that is unethical or violates any law or department policy. Examples include: "catfishing", "phishing", extortion, etc.

Barona Recreation Department: Registration Forms  
After-School programs & Day Camps

**Consequences for Violation**

Violations of the law, Recreation Department Policy, or this agreement may result in revocation of a student's access to technology and/or discipline, up to and including suspension or expulsion. In addition, violations may be reported to law enforcement agencies as appropriate.

**Student Acknowledgment**

I understand and agree to abide by this agreement and other applicable laws and Recreation Department Policies and regulations governing the use of technology

Date	Student Sign	Student Print Name	<u>I consent to allow my child to use the following technologies</u> <b><i>(Check all that apply):</i></b>	
			<input type="checkbox"/> Video Games	<input type="checkbox"/> Computer
			<input type="checkbox"/> Video Games	<input type="checkbox"/> Computer
			<input type="checkbox"/> Video Games	<input type="checkbox"/> Computer
			<input type="checkbox"/> Video Games	<input type="checkbox"/> Computer
			<input type="checkbox"/> Video Games	<input type="checkbox"/> Computer
			<input type="checkbox"/> Video Games	<input type="checkbox"/> Computer

**Parent or Legal Guardian Acknowledgment**

As the parent/guardian of the above-named student, I have read, understand, and agree that my child shall comply with the terms of this agreement. I agree to monitor my child's technology habits in partnership with Barona Recreation Department; especially as it pertains to personal devices brought from home.

**\*Please list any specific concerns you have below and we will do our best to address them:**

X \_\_\_\_\_

X \_\_\_\_\_

Parent/Guardian Sign & Date

Parent/Guardian Printed Name