



**Amador County Recreation Agency  
Youth Programs**

[www.goacra.org](http://www.goacra.org)

209-223-6349

E-mail: [sstarostina@amadorgov.org](mailto:sstarostina@amadorgov.org)

**Kids Afternoon Program (KAP)**

**Location:**  Jackson  Lone  Sutter Creek

**Days of the Week:**  Mon  Tue  Wed  Thur  Fri

**Student Name** (first and last): \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
**School Attending:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Parent or Guardian Information:**

**Name:** \_\_\_\_\_ **Home #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_ **Work #:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Parent or Guardian Information:**

**Name:** \_\_\_\_\_ **Home #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_ **Work #:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Who is allowed to pick up your child from KAP other than the parents or guardians listed above (Must be 18 or older):**

1. **Full Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_
2. **Full Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_
3. **Full Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_

**Is there anyone excluded from picking up your child?**

1. **Full Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Description:** \_\_\_\_\_
2. **Full Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Description:** \_\_\_\_\_



**Amador County Recreation Agency  
Youth Programs**

[www.goacra.org](http://www.goacra.org)  
209-223-6349

E-mail: [sstarostina@amadorgov.org](mailto:sstarostina@amadorgov.org)

**In case of emergency we will call 911, if necessary.**

Medical Insurance: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Group #: \_\_\_\_\_ ID #: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

**Does your child have any allergies, physical limitations, or dietary restrictions we should be aware of?**  
**\_\_\_\_\_ No \_\_\_\_\_ Yes. If "yes," please list below and fill out the appropriate medical release forms.**

---

---

---

---

---

**Please initial:**

\_\_\_\_\_ **No** \_\_\_\_\_ **Yes**, my child has permission to use personal electronic devices to contact parents and guardians only. KAP staff discourages the use of cell phones during the program for entertainment purposes and will ask that these devices be stored with the students' personal effects. Please note, there is no Wi-Fi access available. KAP staff is not responsible for lost, misplaced, stolen, or damaged electronics.

\_\_\_\_\_ **No** \_\_\_\_\_ **Yes**, my child has permission to walk with the KAP staff off site in order to participate in activities, including, but not limited to: community service and fundraising opportunities and athletics at the Elementary School.

\_\_\_\_\_ **No** \_\_\_\_\_ **Yes**, KAP has my permission to add my E-mail address to our group E-mail to provide important updates about the KAP/ACRA upcoming activities and schedules. This will include KAP closures due to upcoming holidays, school closures, and for maintenance.

\_\_\_\_\_ **No** \_\_\_\_\_ **Yes**, I hereby give the KAP permission to photograph my child and to use these photographs or reproductions for promotional activities including ACRA owned websites and Facebook, brochures, flyers, newspapers articles and advertisements, displays, and reports. I waive the right of inspection or approval of such photographs or reproductions. I also release ACRA from all claims or demands that I may have or can have on account of the use or publication of the photographs or reproductions. I authorize ACRA to use the photographs and reproductions free of charge.



**Amador County Recreation Agency  
Youth Programs**

[www.goacra.org](http://www.goacra.org)

209-223-6349

E-mail: [sstarostina@amadorgov.org](mailto:sstarostina@amadorgov.org)

**Release of Liability:**

In consideration of myself and/or the minor being permitted by the Amador County Recreation Agency (ACRA) to participate in the above described activity, I, the undersigned hereby waive, release and discharge in advance any and all claims for damages for personal injury, death, or property damage which I and/or said minor child may sustain or which may occur as a result of my and/or said child's participation in said activity. This release is intended to discharge in advance ACRA, it's officers, employees, volunteers, or agents from and against any and all liability arising out of or connected in any way with the participation of myself and/or the minor in said activity, even though that liability may arise out of active or passive negligence or carelessness on the part of ACRA, it's officers, employees, volunteers, or agents.

I understand participation in this activity potentially increases the risk of contracting the coronavirus known as COVID-19. That risk is potentially increased for many reasons including, but not limited to, the additional contact with others who are also participating, the use of shared equipment, and the contact with surfaces on the grounds or facilities used for or near the activity. This release is intended to extend to these risks and is intended to discharge ACRA and the Cities of Ione, Plymouth, and Sutter Creek, their officers, employees, volunteers, or agents from any liability whatsoever association with COVID-19.

I understand that the described activity may be of a hazardous nature and/or include physical and/or strenuous exercise or activity; that serious accidents occasionally occur during the above-described activity; and that the participants in the described activity occasionally sustain mortal or personal injuries and/or property damages as a consequence thereof. Knowing the risks involved, I agree to assume all risks of injury and to release and hold harmless ACRA, it's officers, employees, volunteers, or agents who through active or passive negligence or carelessness might otherwise be liable to me and/or said minor child. It is further understood that this waiver, release and assumption of risk is to be binding on the heirs and assigns of said minor and/or myself, the undersigned.

I further agree to indemnify and to hold ACRA, it's officers, employees, volunteers, or agents free and harmless from any loss, liability, damage, cost or expense, including attorneys' fees, associated with or arising from my and/or said minor's participation in the described activity.

I certify that if I am signing on behalf of a minor child, I have custody or am the legal guardian of said minor by court order. I hereby give my consent that in the event said minor requires medical or surgical treatment while under the supervision of said ACRA's recreation personnel in connection with the described activity, such supervisor may authorize treatment. I also agree to pay all medical, hospital, or other expenses which said minor may incur as a result of such treatment.

I have fully read this Waiver of Liability, Medical Release, and Indemnification Agreement, and fully understand its contents. I understand and agree that if I am signing this agreement on behalf of my minor child that I will be giving up the same rights for said minor as I would be giving up if I signed this document on my own behalf. I am aware that this is a release of liability and a contract between me and ACRA and I sign it at my own free will.

**Child's Name:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Amador County Recreation Agency  
Youth Programs**

[www.goacra.org](http://www.goacra.org)

209-223-6349

E-mail: [sstarostina@amadorgov.org](mailto:sstarostina@amadorgov.org)

**Kids Afternoon Program  
Participant Code of Conduct Contract  
2022 – 2023**

Participant Name

(first and last): \_\_\_\_\_ Grade: \_\_\_\_\_

All participants have the right to participate in the Kids Afternoon Program (KAP) in a positive and safe learning environment, free from disruptions. Participants will be expected to exhibit appropriate conduct that does not infringe upon the rights of others or interfere with the policies of the program.

Participants will be held accountable for their conduct while participating in KAP. They also must conform to school's policies and rules, obey directions, and be respectful of KAP leaders and volunteers, and of other participants.

**Prohibited student conduct includes the following:**

- \*No participant can leave the KAP without parent or another adult on pick-up list
- \*Hiding from Youth Leaders or staying in the areas where you can not be seen by Youth Leaders
- \*Disrespectful behavior, bullying, or cyber bullying of other participants, staff, or volunteers
- \*Any other verbal, written, or physical conduct that causes or threatens violence or bodily harm
- \*Conduct that disrupts the KAP environment or destroys KAP or school's property
- \*Willful defiance of Staff or Volunteers
- \*Obscene acts or use of profane, vulgar, or abusive language
- \*Possession, use, or being under the influence of tobacco, alcohol, or prohibited drugs
- \*Use of cell phones, cameras, videos, or voice recordings or other personal electronics without permission
- \*No outside food or drink is allowed unless provided by parent. We strive for a healthy snack zone. **Soft drinks, hot or iced coffee, and energy drinks are prohibited.**

**I have read the KAP conduct policies and agree to comply by signing this contract.**

Participant Name (print): \_\_\_\_\_ Parent Name: \_\_\_\_\_