



**BELL GARDENS**

**Parks  
Make  
Life  
Better!**

*Recreation & Community Services*



**Neighborhood Youth Center (NYC) 5856 Ludell Street - (562) 806-7667**  
**Bell Gardens Veterans Park (Game Room) – (562) 806-7654**  
**Monday – Friday**  
**Learning Center – 2:00pm-4:00pm • Afterschool Recreation - 2:00pm – 6:00pm**  
**WWW.BGRECREATION.ORG**

**LEARNING CENTER AND AFTER SCHOOL PROGRAM APPLICATION**

<b>MEMBER INFORMATION</b>			
Child's First Name	Child's Last Name:	Birthdate:	Phone:
Address:	City/Zip:	School Attending:	Grade:
Parent/Legal Guardian:	Contact Number:	Parent/Legal Guardian:	Contact Number:
<b>EMERGENCY CONTACT</b>			
Contact Name:	Phone Number :	Relationship:	Address:
Contact Name:	Phone Number :	Relationship:	Address:
Do you agree to receive text message?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cell phone provider:	
<b>MEDICAL INFORMATION</b>			
Physician/Clinic Name:	Phone Number:	Medication:	
Special Instructions:			

**RELEASE FROM LIABILITY AND INDEMNIFICATION**

I authorize my child to participate in the program titled above and partake in afterschool programs offered by the Recreation and Community Services Department. In case of an emergency, I authorize a city employee to seek treatment for my child from an available licensed physician. I also authorize a city employee to seek emergency transportation for my child to the nearest hospital. I realize that the City of Bell Gardens will not assume responsibility for payment of medical fees or expenses incurred. The undersigned promises to indemnify and hold harmless the City of Bell Gardens and its elected representatives, directors, agents, or employees from any and all claims, demands, actions, liability or loss which may arise from or be incurred as the result of an injury or damage to persons or property arising out of participation in or the presentation of recreation activities/events. I agree that the City of Bell Gardens may take and use such photographs of my child with or without their name and for any lawful purpose, such as publicity, illustration, advertising, and Web content. I grant the City of Bell Gardens, its representatives, and employees the right to take photographs of my child and my property in connection with the identified subject. I authorize the City of Bell Gardens, its assignees and transferees to copyright, use and publish the same in print and/or electronically.

Parent/Legal Guardian	Date	Parent/Legal Guardian	Date
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**COVID PROTOCOL**

- Daily temperature check
- Please keep child at home if they are feeling sick
- Social distancing
- Daily Hand Sanitizing
- Must wear mask
- Daily disinfecting of all sports equipment, tables & chairs

## RULES AND CODE OF CONDUCT FOR PARTICIPANTS

1. All participants must report to the check-in table for temperature check and hand sanitizing.
2. Participants are not to make purchases from ice cream vendors.
3. During inclement weather, the learning center and afterschool program will be closed for the day until weather permits opening again.
4. Property such as cell phones, iPods and handheld video game devices not permitted. Confiscated items released to the parent or authorized person at the time of pick up.
5. Use of skateboards, scooters, skates, bikes, roller blades and sport shoes with wheels not permitted inside facility. These items must be stored and locked in the bike rack.
6. The City of Bell Gardens is not responsible for lost, stolen, broken or misplaced items.
7. The Neighborhood Youth Center enforces the school dress code policy.
8. Participants must keep their hands to themselves, respect others and always follow staff's instructions.
9. Taking pictures of others, accessing social media sites and texting friends is not allowed.
10. Wi-Fi use is only for educational purposes only.
11. Zero tolerance pertaining to physical actions against others, stealing, bullying and disrespect towards staff and property. The city reserves the right to suspend or expel any participant from the program who poses serious conduct issues.
12. If staff is unable to contact a parent, legal guardian, or emergency contact person by 4:30pm, staff will call the Bell Gardens Police Department and transport the child to the Bell Gardens Police Department. The child will remain there until picked up by parent or legal guardian.

### IMPORTANT PLEASE READ:

Parents must exit their vehicle to pick-up your child. Please be courteous to our neighbors and refrain from honking your horn. I have read all the above rules and I have discussed them with my child. I understand that repeated infraction of these rules may result in my child's suspension and/or removal from the City sponsored learning center/afterschool program.

Parent/Guardian Signature:		Date:	
Member Signature:		Date:	

### HEAD LICE POLICY

As a city program, we have the ability to handle the situation, as we deem appropriate. The guidance is clear in that children should be removed from the program because they are found to have head lice/nits. It is requested that treatment is to start immediately. The child will not be allowed to participate in the program until it is confirmed that the lice is cleared and no longer visible, If lice is still present, your child is not allowed to return until all head lice are removed. This is to ensure there is no further exposure to existing participants and staff. By signing the HEAD LICE POLICY, you understand and agree to the policy.

Parent/Guardian Signature:		Date:	
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### WALK HOME NOTIFICATION

Participant's Name:		Phone Number:	
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**Please check one of the following:**

I wish for my child to participate in the following activity:	<input type="checkbox"/> Learning Center <input type="checkbox"/> Afterschool Recreation <input type="checkbox"/> Both Programs
My child will participate at the following location:	<input type="checkbox"/> Neighborhood Youth Center <input type="checkbox"/> Bell Gardens Veterans Park (Please select one)
<input type="checkbox"/> <b>NO</b> - My child may <b>not</b> check him/herself out or walk home alone.	<input type="checkbox"/> <b>YES</b> - My child may sign him/herself out and walk home at the time listed:

If a parent gives permission for a child to check out and walk home alone, child must leave the center at the time of signing out.

Parent/Guardian Signature:		Date:	
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