



Highlands Recreation Department



AFTER SCHOOL ACTIVITIES  
SEPTEMBER 2020 - JUNE 2021

RESIDENT

BOROUGH EMPLOYEE

Parent/Guardian who is registering child(ren): \_\_\_\_\_

Home address: \_\_\_\_\_ CITY/ST/ZIP: \_\_\_\_\_

Email address: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Child (Last, First)	Age	Grade in September & School	Date of Birth	List of medical or physical limitations (If none, write "NONE")
EXAMPLE: Kane, Jacqui	12	6 <sup>th</sup> /HES	xx-xx-xxxx	Shellfish allergy – epi pen needed and provided

Other Parent/Guardian Name(s): \_\_\_\_\_

Home address: \_\_\_\_\_ CITY/ST/ZIP: \_\_\_\_\_

Email address: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Please list any known person that should not have contact with your child, unless any such visitation is granted by the custodial parent or guardian:** \_\_\_\_\_

Recreation Department Use Only:

Registration # - 20-\_\_\_\_\_

## 2020-2021 After School Highlands Recreation Department

This program is offered to provide a variety of recreational opportunities and activities to each child that is enrolled. Although we encourage participation, we realize that every child has difference interests and ability levels and we allow them to choose accordingly. However, for enrollment purposes the following must be agreed to. **Please review the following with you child or children and sign and return.**

1. The after-school activity sessions begin at 3:00 pm. **Supervision of children is not provided prior to the start of the program.**
2. Please be prompt for pick up at 4:30 pm.
3. Any misconduct by participants (use of inappropriate language, poor sportsmanship, fighting, disregarding rules, etc.) will lead to a child being excluded from activities. **Continued poor conduct will lead to a participant being suspended or terminated from our program.**
4. We cannot be responsible for personal items (cell phones, toys, electronics, clothes, games, towels, etc.) It is your child's responsibility to make sure they have such personal items at the end of the session.
5. **Cell Phone Use: For the safety, privacy, and protection of all our participants, cell phone use is prohibited during all activities.** Cell phones are not to be used for social contact, texting, playing games, or taking pictures.
6. **Water safety is a priority. Any misbehavior at the beach will lead to a termination of beach/waterfront activities for the participant(s) involved. NO EXCEPTIONS!**

In consideration of being allowed to participate in the event or activity referenced above, I acknowledge, appreciate, and agree that: 1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and, 2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and, 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and, 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Releasees, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

**Please contact the Recreation Department if your child has special needs that we should be aware of.**

I have reviewed the above with my child(ren) and agree to abide by the rules for participation on this program.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Recreation Department Use Only: \_\_\_\_\_ Registration # - 20- \_\_\_\_\_

# MEDICAL INFORMATION

Childs Name: Last, First \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ CITY/ST/ZIP: \_\_\_\_\_

Can we provide immediate First Aid treatment, and/or Contact EMS in case of need? \_\_\_\_\_

In case of an emergency and a hospital transport is needed, which hospital do you prefer? \_\_\_\_\_

In the event either parent/guardian cannot be reached please list (2) two authorized emergency contacts to act on your behalf in case of illness, injury, or problem and you cannot be reached.

## EMERGENCY CONTACTS

NAME	RELATIONSHIP TO CHILD	TELEPHONE

# YOUTH HEALTH EXAMINATION RECORD

TO BE COMPLETED BY PARENT OR GUARDIAN

CHILD'S NAME: (Last, First) \_\_\_\_\_  
CHILD'S DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_ PARENT/GUARDIAN CELL #: \_\_\_\_\_

## EMERGENCY NOTIFICATION

NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

## MEDICAL INSURANCE INFORMATION

PRIMARY INSURANCE COMPANY: \_\_\_\_\_  
SUBSCRIBERS NAME: \_\_\_\_\_ ID Number: \_\_\_\_\_

## HEALTH HISTORY

CHICKEN POX                       MEASLES                       GERMAN MEASLES  
 WHOOPING COUGH               OTHER: \_\_\_\_\_

## ALLERGIES

HAYFEVER                       ASTHMA                       INSECT BITES (List below)  
 DRUGS (List below)               FOOD (List below)               IVY/OAK/ETC. (List below)  
Please specify: \_\_\_\_\_

## CHRONIC/REOCCURRING ILLNESSES

EARRACHE                       THROAT PROBLEMS               SINUS                       INFECTIONS  
 STOMACH                       EPILEPSY                       RHEMATIC FEVER               DIABETES  
 MENSTRUAL PROBLEMS               OTHER (List below)  
Please specify: \_\_\_\_\_

Please provide details regarding the above reoccurring illnesses: \_\_\_\_\_

Please provide a list of medications brought to camp or to be administered at camp: Drug name and reason for use

Please provide details regarding any operations, injuries or special restrictions: Explain and provide dates

**IMMUNIZATION RECORDS**

	DATE	BOOSTER
DIPHTHERIA		
TETANUS		
PERTUSSIS		
MEASLES		
MUMPS		
RUBELLA		
OTHER		

**PARENT OR GUARDIAN AUTHORIZATION**

Required for all persons under the age of 18

This health history is correct so far as I know, and the person named above has permission to participate in all activities except as noted by me.

My child attends \_\_\_\_\_ school district. In addition, I will allow the Highlands Recreation Department to verify my child's immunization record with the school.

Parent/Guardian Printed Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# HIGHLANDS RECREATION DEPARTMENT

## PARENT COVID-19 SCREENING QUESTIONNAIRE

DATE: \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Contact Information: \_\_\_\_\_

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

**One form is required to be on file for each child.**

Please fill out and return to [recreation@highlandsborough.org](mailto:recreation@highlandsborough.org).

The health and well-being of our children and staff are of the utmost importance and we are taking measures to maintain a safe environment. Therefore, all children and staff will be screened daily through our screening process and which includes taking their temperature and asking the following questions.

**Although you have filled out the form, the same questions will be asked verbally during drop off and our staff will record the responses. If you answer yes to any questions, please keep your child home.**

In the last 14 days, has your child experienced a new cough? YES \_\_\_ NO \_\_\_

In the last 14 days, has your child suffered from a new shortness of breath? YES \_\_\_ NO \_\_\_

In the last 14 days, has your child suffered from body aches that you cannot attribute to a specific activity such as physical exercise? YES \_\_\_ NO \_\_\_

In the last 14 days, has your child experienced a sore throat? YES \_\_\_ NO \_\_\_

In the last 14 days, has your child experienced a new loss of taste or smell? YES \_\_\_ NO \_\_\_

In the last 14 days, has your child experienced a fever over 100.4 degrees Fahrenheit? YES \_\_\_ NO \_\_\_

In the last 14 days, has your child been exposed to someone who has a confirmed diagnosis of COVID-19, or is awaiting test results? YES \_\_\_ NO \_\_\_

### RECREATION DEPARTMENT STAFF ONLY

TEMPERATURE 1: \_\_\_\_\_

QUESTIONS REVIEWED BY: \_\_\_\_\_

TEMPERATURE 2: \_\_\_\_\_

APPROVED: \_\_\_\_\_

TAKEN BY: \_\_\_\_\_

DENIED: \_\_\_\_\_

## 2020 ACKNOWLEDGMENT AND WAIVER OF LIABILITY

### NOTICE AND INSTRUCTIONS FOR COMPLETING THE BOROUGH OF HIGHLANDS DEPARTMENT OF RECREATION'S ACKNOWLEDGMENT AND AGREEMENT FOR ASSUMPTION OF ALL RISKS, AND WAIVING AND RELEASING ALL CLAIMS FOR PERSONAL INJURIES AND PROPERTY DAMAGES DUE FROM THE ACCIDENTAL EXPOSURE TO SARS-CoV-2, COVID-19, MIS-C & OTHER PANDEMIC ILLNESSES.

CAREFULLY READ THIS DOCUMENT AND THE ATTACHED ACKNOWLEDGEMENT AND AGREEMENT FOR ASSUMPTION OF ALL RISKS, AND WAIVING AND RELEASING ALL CLAIMS FOR PERSONAL INJURIES AND PROPERTY DAMAGES DUE FROM AN ACCIDENTAL EXPOSURE TO SARS-CoV-2, COVID-19, MIS-C & OTHER PANDEMIC ILLNESSES AT A BOROUGH OF HIGHLANDS RECREATION PROGRAM OR EVENT ("WAIVER").

THE ATTACHED WAIVER AFFECTS IMPORTANT LEGAL RIGHTS YOU, YOUR CHILD(REN) AND/OR YOUR OTHER FAMILY MEMBER(S) AND/OR DEPENDENT(S) MAY HAVE IN THE EVENT YOU, YOUR CHILD(REN), AND/OR OTHER FAMILY MEMBER(S)/DEPENDENT(S) BECOME EXPOSED TO, INFECTED WITH, OR SUSTAIN BODILY INJURIES AND/OR PROPERTY DAMAGE FROM HIGHLY CONTAGIOUS VIRUS(ES) AND DISEASES.

#### I. Background and Purpose

The BOROUGH OF HIGHLANDS and the BOROUGH OF HIGHLANDS Department of Recreation (hereinafter jointly and separately referred to in the attached WAIVER as the "BOROUGH OF HIGHLANDS sponsor(s) and offer(s) to the public the option of participating in or attending a variety of indoor and outdoor physical, social and educational programs and activities, including competitive and non-competitive sports and sporting events, organized leagues, day camps, games, and instructional/training programs and camps (collectively referred to hereinafter and in the attached WAIVER as the "RECREATION PROGRAM(S)"). These RECREATION PROGRAM(S) are held on BOROUGH OF HIGHLANDS property and other public and semi-public places that are accessible to large numbers of people on a daily basis.

Due to the ongoing COVID-19 pandemic, and until further notice, any adult age 18 or older wishing to enroll themselves, their child(ren) or any other dependent(s) family members into a BOROUGH OF HIGHLANDS RECREATION PROGRAM, or seeking to otherwise voluntarily participate in a BOROUGH OF HIGHLANDS RECREATION PROGRAM as a coach, counselor, instructor, referee, official, or volunteer, is required to complete, sign and return this WAIVER TO JACQUELINE KANE, RECREATION@HIGHLANDBOROUGH.ORG OR 22 SNUG HARBOR AVENUE HIGHLANDS, NJ 07732 by no later than 2020, or the enrollment deadline set for the specific RECREATION PROGRAM in which participation/access is sought.

Enrollment and participation in any BOROUGH OF HIGHLANDS RECREATION PROGRAM(S) and permission to access any BOROUGH OF HIGHLANDS facilities/property and equipment to participate in or use at a RECREATION PROGRAM is expressly conditional on properly completing, signing, and returning this WAIVER in a timely manner.

**Access to and participation in any BOROUGH OF HIGHLANDS RECREATION PROGRAM(S) and/or BOROUGH OF HIGHLANDS facilities, property and equipment used in a RECREATION PROGRAM may be denied or revoked at any time for failure to properly complete, sign and return this WAIVER.**

#### II. Acknowledgment of Agreement

**ACKNOWLEDGEMENT AND AGREEMENT FOR ASSUMPTION OF ALL RISKS, AND WAIVING AND RELEASING ALL CLAIMS FOR PERSONAL INJURIES AND PROPERTY DAMAGES DUE FROM AN ACCIDENTAL EXPOSURE TO SARS-CoV-2, COVID-19, MIS-C & OTHER PANDEMIC ILLNESSES AT A BOROUGH OF HIGHLANDS RECREATION PROGRAM OR EVENT**

I/WE, \_\_\_\_\_ (hereinafter "I/WE), acknowledge and represent that I/WE am/are the parent(s)/legal guardian(s) of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(hereinafter referred to as the "PROGRAM PARTICIPANT(S)")

By signing this WAIVER and initialing each page, I/WE acknowledge and agree that I/WE have been provided with, read and fully understand: (i) the Center for Disease Control's ("CDC") and the New Jersey Department of Health's ("NJDOH") information and guidelines for preventing/protecting against, and recognizing the signs and symptoms of, infection for SARS-CoV-2 (the virus that causes COVID-19) and the related illnesses and medical conditions called COVID-19 and Multisystem Inflammatory Syndrome in Children ("MIS-C")(collectively the "PANDEMIC ILLNESSES"); and the **BOROUGH OF HIGHLANDS** DEPARTMENT OF RECREATION'S "COVID-19 Operational Plan" for 2020.

I/WE further acknowledge, understand and agree that:

1. The CDC and NJDOH have determined that the PANDEMIC ILLNESSES are highly contagious viruses, diseases and medical conditions.
2. Exposure to or infection from these PANDEMIC ILLNESSES may cause serious permanent bodily injury, including respiratory failure, cardiac arrest, and death in healthy persons of all ages.
3. These PANDEMIC ILLNESSES are new. The standards and recommendations on how to prevent and protect against the risk of exposure to infection and the spread of these PANDEMIC ILLNESSES continues to change as more data becomes available.
4. These PANDEMIC ILLNESSES presently exist and remain prevalent throughout all areas of the State of New Jersey and continue to infect persons and spread throughout all counties and local communities, including the residents of the **BOROUGH OF HIGHLANDS**.
5. These PANDEMIC ILLNESSES have a high probability of spreading to person(s) who are either in direct contact with, or in close proximity to (within about 6 feet or 2 meters) an infected person.
6. The CDC and NJDOH believe these PANDEMIC ILLNESSES are most likely to spread from person to person by droplets produced into the air when an infected person coughs, sneezes, talks or otherwise moves air out through their nose and mouth; and from touching/contacting surfaces on which droplets containing the virus exist.
7. There is no known vaccination(s), immunization(s) or cure for these PANDEMIC ILLNESSES.
8. The CDC and the NJDOH maintain that the best way to prevent and protect against infection and/or spread of these PANDEMIC ILLNESSES is to self-quarantine and to avoid contact with other individuals, large gatherings and spending time in public places and buildings.
9. **BOROUGH OF HIGHLANDS** and the **BOROUGH OF HIGHLANDS** DEPARTMENT OF RECREATION sponsor(s) and offer(s) to the public the option of participating in or attending a variety of indoor and outdoor



physical, social and educational programs and activities, including competitive and non-competitive sports and sporting events, organized leagues, day camps, games, and instructional/training programs and camps (“RECREATION PROGRAM(S)”) which are essential to the social, physical, educational and character development and the mental and physical health of the public.

10. Attending or participating in any **BOROUGH OF HIGHLANDS** RECREATION PROGRAM poses an inherent risk of infection and a heightened risk of injury from and exposure to these PANDEMIC ILLNESSES regardless of the measures taken by the **BOROUGH OF HIGHLANDS**: (i) to avoid close contact with other persons, including infected persons; (ii) to disinfect **BOROUGH OF HIGHLANDS** facilities, equipment and public property; and (iii) to discover, contact trace, and quarantine infected persons and/or persons exhibiting signs and symptoms of infection of these PANDEMIC ILLNESSES.
11. Attending and/or participating in a **BOROUGH OF HIGHLANDS** RECREATION PROGRAM may also increase the risk of exposure to these PANDEMIC ILLNESSES and the further spreading of these PANDEMIC ILLNESSES to other family members, PROGRAM PARTICIPANTS, and third persons.

By signing this WAIVER, I/WE do further acknowledge the contagious nature of these PANDEMIC ILLNESSES, and that an inherent and heightened risk of danger to infection and exposure to these PANDEMIC ILLNESSES exists for all PROGRAM PARTICIPANTS, persons and other participants attending any **BOROUGH OF HIGHLANDS** RECREATION PROGRAM at this time. I/WE acknowledge and agree to voluntarily assume all risks that I/WE, the PROGRAM PARTICIPANT(S), and our other family member(s) may be exposed to or infected by these PANDEMIC ILLNESSES by attending or participating in any **BOROUGH OF HIGHLANDS** RECREATION PROGRAM; and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I/WE understand that the risk of becoming exposed to or infected by these PANDEMIC ILLNESSES at a **BOROUGH OF HIGHLANDS** RECREATION PROGRAM may result from the actions, omissions or negligence of myself and others, including, but not limited to the **BOROUGH OF HIGHLANDS** officials, officers, employees, and volunteers; and other participants/attendees of the RECREATION PROGRAM and their families.

I/WE, on behalf of ourselves, the PROGRAM PARTICIPANT(S) and the other dependents of my/our household, I/WE voluntarily agree to assume all of the foregoing risks, and do accept sole and complete responsibility for any and all injuries, damage(s) and other losses to the PROGRAM PARTICIPANT(S), my/our other dependent(s), the other members of my/our family, and/or to myself/ourselves for attending or participating in a **BOROUGH OF HIGHLANDS** RECREATION PROGRAM, including for all bodily injuries, disabilities, permanent disabilities, deaths, illnesses, damages, losses, claims, demands, liabilities, medical treatment and expenses, attorneys fees, costs of suit and/or expenses of any kind that is incurred in connection with attending or participating in any **BOROUGH OF HIGHLANDS** RECREATION PROGRAM.

I/WE, on behalf of myself/ourselves, the PROGRAM PARTICIPANT(S), my/our other household members and/or dependents, HEREBY RELEASE, COVENANT NOT TO SUE, DISCHARGE, WAIVE AND HOLD HARMLESS THE **BOROUGH OF HIGHLANDS**, **BOROUGH OF HIGHLANDS RECREATION PROGRAM**, AND EACH OF THE **BOROUGH OF HIGHLANDS** OFFICIALS, OFFICERS, EMPLOYEES AGENTS, VOLUNTEERS AND REPRESENTATIVES FOR AND FROM ANY AND ALL CLAIMS, DAMAGES, DEMANDS, LOSSES, LIABILITIES, ACTIONS, COSTS AND EXPENSES OF ANY KIND ARISING OUT OF OR IN ANY WAY RELATING TO THE ACCIDENTAL AND/OR NEGLIGENT EXPOSURE TO THESE PANDEMIC ILLNESSES FROM ATTENDING OR PARTICIPATING IN ANY **BOROUGH OF HIGHLANDS** RECREATION PROGRAM(S).

I/WE UNDERSTAND AND AGREE THAT THIS WAIVER AND RELEASE INCLUDES ANY AND ALL CLAIMS BASED ON THE ACTIONS, OMISSIONS, OR NEGLIGENCE OF THE **BOROUGH OF HIGHLANDS**, THE **BOROUGH OF HIGHLANDS** DEPARTMENT OF RECREATION AND THE **BOROUGH OF HIGHLANDS** OFFICIALS, OFFICERS, EMPLOYEES, AGENTS, VOLUNTEERS AND REPRESENTATIVES, REGARDLESS OF

WHETHER INFECTION FROM THESE PANDEMIC ILLNESSES OCCUR BEFORE DURING OR AFTER PARTICIPATION AND/OR ATTENDANCE IN ANY **BOROUGH OF HIGHLANDS** RECREATION PROGRAM(S).

By signing this agreement, I/WE further acknowledge that I/WE have read and discussed with the PROGRAM PARTICIPANT(S) the provisions of this WAIVER and the dangers and risks associated with attending and/or participating in any of the **BOROUGH OF HIGHLANDS** RECREATION PROGRAM(S); the PROGRAM PARTICIPANT(S) fully understand(s) and appreciate(s) these dangers and risks; and the PROGRAM PARTICIPANT(S) voluntarily wishes to enroll in, participate and otherwise attend the **BOROUGH OF HIGHLANDS** RECREATION PROGRAM.

This WAIVER does not supersede, circumvent, or cancel **BOROUGH OF HIGHLANDS** Recreation Department's Main Participation Agreement or Rules and Regulations.

If any part of this WAIVER is found by a court of competent jurisdiction to be invalid, the remainder of this WAIVER release from liability shall nevertheless remain in full force and effect and the offending provision or provisions severed here from.

I/WE, have read and accept the terms and conditions of this, and acknowledge and agree that it shall, to the fullest extent allowed by law, be effective upon me and my child(ren), and our respective heirs, personal representatives, estates and family members.

---

Signature of Parent(s)/Guardians

Date

---

Signature of Program Participant(s)

Date

# INFORMATION

Child(ren) name(s): \_\_\_\_\_

Please use the below information for all my children.

I have watched the new video regarding the new procedures of the Highlands Recreation Department on [www.highlandsborough.org](http://www.highlandsborough.org) under the recreation tab.

I have completed the Leagueapps registration in addition to the attached forms. Visit [www.highlandsborough.org](http://www.highlandsborough.org) under the recreation tab for a direct link.

## **DISMISSAL**

My child(ren) has permission to be dismissed (walk) unsupervised

My child(ren) will be picked up at the end of the session.

## **MASK REQUIREMENT**

I have a mask available for my child and I have spoken with them regarding the requirement to wear the mask while at the community center during the summer activity session.

## **HAND SANITATION REQUIREMENT**

I have spoken with them regarding the requirement to use hand sanitizer at the community center during the summer activity session.