

**DISCIPLINARY ACTION**

**Dear Parent or Guardian:**

As a City facility, this Center is governed by standard policies for participant behavior. These policies are set to help insure that the City of Fort Worth will be able to provide the community with a wide range of recreational activities that will add something positive to everyone's way of life. These policies apply to everyone equally and at all times. This letter is being sent to you to inform you that your son or daughter, \_\_\_\_\_, has violated one or more Center policies which are detailed as follows:

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

This behavior cannot continue. No program or City of Fort Worth Membership refunds will be given due to the removal of a participant from a program or a City of Fort Worth Membership as a result of a Disciplinary Action.

Disciplinary Action taken by staff:

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

Date of Disciplinary Action: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

\_\_\_\_ Please arrange for an appointment with the Recreation Programmer or Center Supervisor by \_\_\_\_\_ to discuss the future of your child's participation at the Community Center. Failure to contact a staff member may result in the child's removal from the program or City of Fort Worth Membership.

Additional Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Given to Parent/Guardian on: \_\_\_\_\_

Thank you for your cooperation.

\_\_\_\_\_  
Staff Signature/Coordinator Signature      Parent/Guardian Signature      Date

Staff Use Only:

Police Called \_\_\_\_\_ Trespass Warning Issued \_\_\_\_\_ Police Report # \_\_\_\_\_

**CITY OF FORT WORTH  
PICK-UP AUTHORIZATION  
& EMERGENCY CONTACTS**

Child(ren)'s Name: \_\_\_\_\_

Grade level for 2017-18 school year: \_\_\_\_\_

Parents and guardians are the first to be contacted. Please provide designated people who are allowed to pick up your child(ren). If you designate them as an emergency contact, we will contact them if you cannot be located in case of emergency or if you do not show up to pick your child up from camp.

**Authorized Person #1** \_\_\_\_\_ DL# \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (1.) \_\_\_\_\_ (2.) \_\_\_\_\_ (3.) \_\_\_\_\_  
Relationship \_\_\_\_\_ Emergency Contact (circle one): Y    N  
Email Address: \_\_\_\_\_

**Authorized Person #2** \_\_\_\_\_ DL# \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (1.) \_\_\_\_\_ (2.) \_\_\_\_\_ (3.) \_\_\_\_\_  
Relationship \_\_\_\_\_ Emergency Contact (circle one): Y    N

**Authorized Person #3** \_\_\_\_\_ DL# \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (1.) \_\_\_\_\_ (2.) \_\_\_\_\_ (3.) \_\_\_\_\_  
Relationship \_\_\_\_\_ Emergency Contact (circle one): Y    N

**Authorized Person #4** \_\_\_\_\_ DL# \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (1.) \_\_\_\_\_ (2.) \_\_\_\_\_ (3.) \_\_\_\_\_  
Relationship \_\_\_\_\_ Emergency Contact (circle one): Y    N

For the safety of your child, only the individuals listed above will be allowed to pick up your child from camp. If you need to add or delete from this list, please be sure to contact staff ahead of time to make them aware of the changes.

**I, \_\_\_\_\_, hereby authorize Program staff to release my child to any of the above people.**

**\_\_\_\_\_ (initial here), I allow my child to sign him/herself out at the end of the program.**

**I authorize staff to sign me up for emergency alerts through the City's NIXEL alert system. \_\_\_\_\_ YES \_\_\_\_\_ NO**

**Safety word: \_\_\_\_\_**

\_\_\_\_\_  
**Parent's/Guardian's Signature**

\_\_\_\_\_  
**Date**

**DOCTOR/EMERGENCY INFORMATION**

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

- 1. Parent/Guardian's Name: (print both if applicable)

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

- 2. Please describe any of your child's special needs and/or problems including special instructions regarding participant's outdoor activities:

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

- 3. Please list any reasonable accommodations necessary to participate in the program:

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

**Authorization for Emergency Medical Care**

I, \_\_\_\_\_ being the parent or legal guardian of \_\_\_\_\_,

A minor, do hereby authorize the City of Fort Worth to administer any and all necessary emergency medical care for my child.

Doctor: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Answering Service # \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Allergy or allergic reactions: \_\_\_\_\_

## AUTHORIZATION TO ADMINISTER MEDICATION

Participant's Name: \_\_\_\_\_

I, the undersigned, being the parent or legal guardian of \_\_\_\_\_, a minor, do hereby authorize the City of Fort Worth Program staff and Center staff, to administer the below specified medication(s) to the minor named herein at the times and in the dosage written below:

NAME OF MEDICATION	TIMES TO BE GIVEN	DOSAGE
1.		
2.		
3.		
4.		
5.		
6.		

Special instructions, or conditions to monitor after the administration of medication:

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**AUTHORIZING PARENT/GUARDIAN**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- All medications must be in the original container labeled with the participant's name, date, and directions.
- At the end of the program, all medications will be disposed of properly.



**Anti-Bullying Contract  
Participant and Parent/Guardian Agreement**

Everyone has the right to feel physically and emotionally safe while at the City of Fort Worth's program. I will do everything I can personally, as a member of my community, to create and preserve a physically and emotionally safe environment. I understand the following behaviors will not be tolerated:

- Verbal bullying, including derogatory comments and bad names
- Bullying through social exclusion or isolation
- Physical bullying such as hitting, kicking, shoving, and spitting
- Bullying through lies and false rumors
- Having money or other things taken or damaged by students who bully
- Being threatened or being forced to do things by students who bully
- Racial bullying
- Cyber bullying (via cell phone or Internet)

**Participant's responsibility:**

I commit that I will not bully my peers. When I witness bullying, I will report it to an adult.

\_\_\_\_\_

Participant's Name

\_\_\_\_\_

Date

**Parent/Guardian's responsibility:**

I commit to encouraging my child to always respect others. I have instructed my child not to bully. I have advised my child to report any bullying to the authorities.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

***We understand that bullying will result in disciplinary action.***

**Any severe situation will result in a participant being immediately removed from the program.**



**PARENT/PARTICIPANT AGREEMENT**

I, \_\_\_\_\_, will:

1. Show respect to all Participants and Program Staff.
2. Not bully in any form (cyber, physical, verbal, etc.).
3. Refrain from using abusive or foul language.
4. Refrain from causing bodily harm to self, other Participants, or Program Staff.
5. Refrain from any inappropriate touching.
6. Not bring any toys, electronics, etc. to the program.
7. Refrain from roughhousing or manhandling in any manner.
8. Not use social media sites during program hours.
9. Refrain from taking photographs of any kind.
10. Respect all equipment, supplies, and facilities.
11. Clean up after myself at all times.
12. Respect the property of other Participants.
13. Listen to and take direction from all Program Staff.
14. Stay within the physical boundaries of the program site at all times, unless with a Program Staff or Parent.
15. Not bring or use any weapons, alcohol, tobacco products, drugs or illegal substances.
16. Refrain from any inappropriate sexual/romantic activities.
17. Take responsibility for my own actions at all times.
18. Not hit, threaten to hit or fight with ANYONE while in the program.
19. Immediately talk to staff if I have a problem with another Participant.
20. Not yell or scream in the building or bus
21. Obey all rules of the Community Center.

**Consequences of rule infractions include the following:**

- Documented Warning & Time Out
- Documented Warning & Time Out & Parent/Staff Conference
- One, Two, or Three Day Suspension & Parent/Staff Conference
- One Week Suspension & Parent/Staff Conference
- Removal from Program/Center

**Consequences may not be imposed in the order listed and depending on the severity of the infraction a participant may be removed immediately:**

I have read (or have been read), understand and will follow the above rules. I understand that failure to follow the above rules may result in my removal from the program.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

I understand the responsibility my child is assuming is a condition for participation in the City of Fort Worth's program.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date



## CITY OF FORT WORTH

### Parent Guide

I, \_\_\_\_\_, certify that I have received the Parent Guide and must abide by these rules for my child to participate in City of Fort Worth's program on an ongoing basis.

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Participant's Name

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Center Staff

\_\_\_\_\_  
Date



## Getting to Know your Child

We always want every participant that comes to our program to have the most fun and interactive experience that we can offer.

Please let us know what your child interests are as we are always looking for ways to create a more inclusive curriculum that will benefit all participants.

We will also be able to recommend other programs and activities that we have throughout the year.

Child's name: \_\_\_\_\_

Arts & Craft: \_\_\_\_\_

Sports: \_\_\_\_\_

Leisure: \_\_\_\_\_

Entertainment: \_\_\_\_\_

**Please circle all that apply.**

Does your child like to: keep to themselves **or** play with others

Does your child like being outside? Yes **or** No

Is your child currently in any sports? Yes **or** No

Does your child show interest in fun and interactive science activities? Yes **or** No

Does your child enjoy reading? Yes , No , Sometimes

Please list any additional interests:

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We always have programs coming up throughout the year. If you would like we will send you information via our Center web link or Facebook page. YES / NO