

20
SANDERSON
STREET,
GREENFIELD

THE REC ROOM



STARTING SEPTEMBER 30TH

A Place to Connect, Create, and
Contribute!



An Afterschool Drop-In
Program for Greenfield
Middle School

From 2:10pm to 5:30pm

or \$400 /
school year

Price:
\$150 / season



Programs Include:

- Academic Support
- Themed Arts & Crafts
- Game Room
- Outside Games
- Free Snacks
- S.T.E.M Projects



Visit Our Website For
More Details

www.greenfieldrecreation.com





Phone: 413-772-1553

Fax: 413-773-0115

2024-2025 Greenfield Recreation Rec Room Registration Form

ONE PER HOUSEHOLD. PLEASE PRINT CLEARLY.

Parent/Guardian Name _____

Address _____

City/State/Zip _____ Email _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact other than yourself. Name _____ Phone _____

Medical Conditions or physical limitations / restrictions _____

LIST EACH PARTICIPANT'S INFORMATION; USE GRADE YOUR CHILD IS IN

Name	Gender	Date of Birth	Grade	Age	Program Name
					Rec Room
					Rec Room
					Rec Room
					Rec Room

Please select a season or full school year. Fee: \$150 each season or \$400 for school year. Due with registration form.

Fall Winter Spring School Year

Release and Waiver Agreement: I the undersigned do hereby consent to my or my child's participation in voluntary athletic or recreation programs of the City of Greenfield Recreation Department. I also agree to forever release the City of Greenfield, the Recreation Commission, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs of the City of Greenfield ("the Releasees") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child and/or myself or property damage resulting from my child's participation and/or my participation in the City of Greenfield Recreation Department voluntary athletic or recreation programs. Consent: I hereby consent to and authorize Greenfield Recreation Department the right to publish, reproduce and use for advertising or any other purpose, any photograph, video image, an audio recording or other likeness of my child or family member. I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation and/or my participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in the City of Greenfield Recreation Department's athletic or recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage my child or I may suffer in voluntary City athletic or recreation programs.

PRINT NAME OF PARENT OR GUARDIAN _____ DATE _____

SIGNATURE OF PARENT OR GUARDIAN _____

Registration Guidelines

Use one form for multiple class registrations.

Complete this form and be sure to note:

1. All contact information is complete.
2. Include payment for all classes. Checks payable to City of Greenfield Recreation Department.
3. Mail to:
Greenfield Recreation
20 Sanderson Street
Greenfield, MA 01301



OFFICE USE ONLY	
Paid _____	Entered _____



MEMBER INFORMATION FORM 2024-2025 REC ROOM MIDDLE SCHOOL DROP IN CENTER

MEMBER INFORMATION

Name: _____ Nickname: _____

DOB: _____ Age: _____ Grade: _____ Homeroom Teacher: _____

Gender: _____ Preferred Pronouns: _____

Eye Color: _____ Hair Color: _____ Weight: _____ Height: _____

Identifying Marks: _____

Please list any medical needs, dietary restrictions, allergies, etc. _____

Does your child carry an Emergency Medication (EpiPen® or inhaler)? Yes _____ No _____

*PLEASE NOTE: If your child carries an EpiPen® or inhaler, one must be supplied to the Rec Room

Does your child have a chronic health condition? YES NO *If yes, you will be required to meet with Coordinator to go over a care plan.*

Health Insurance Carrier & Policy #: _____

Are there any custody agreements, court orders, or restraining orders that pertain to the child? YES NO If yes, please attach

ANYTHING ELSE WE SHOULD KNOW?

**Please attach a
current
photograph of
your child.**

PARENT/GUARDIAN INFORMATION

Name: _____ Relationship to Child: _____

Address: _____ Town: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Best # to Reach: _____ Email Address: _____

Name: _____ Relationship to Child: _____

Address: _____ Town: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Best # to Reach: _____ Email Address: _____

EMERGENCY CONTACTS *If Parent(s)/Guardian(s) cannot be reached.*

Name: _____ Relationship to Child: _____ Phone: _____

Name: _____ Relationship to Child: _____ Phone: _____

Name: _____ Relationship to Child: _____ Phone: _____

PLEASE COMPLETE BOTH SIDES

DROP IN ACKNOWLEDGMENT

I understand that the Rec Room is a drop-in program with a capacity limit of 30 students. This means that I acknowledge my child can come and go from the program at their free will and that if capacity is reached, they may be turned away.

Parent/Guardian (Print): _____ Signature: _____ Date: _____

CONSENT

I authorize Rec Room staff to give my child first aid when appropriate. If my child requires further medical attention, 911 will be called and I will be notified immediately. I understand if I cannot be reached, an emergency contact will be notified. If my child needs to be taken to the nearest medical care facility by ambulance, one staff person will accompany my child. I also give permission to the attending physician to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as indicated. I will accept responsibility for any expenses incurred in handling this emergency care.

Parent/Guardian (Print): _____ Signature: _____ Date: _____

HEALTH HISTORY AND IMMUNIZATION RECORDS

I attest that my child’s health and immunization records are on file with the Greenfield Public Schools.

Parent/Guardian (Print): _____ Signature: _____ Date: _____

RELEASE OF INFORMATION

For the purpose of continuity of care, I hereby give permission for Greenfield Public Schools and the Rec Room to release information to each other in regards to my child. Information may be shared in written or verbal format.

Parent/Guardian (Print): _____ Signature: _____ Date: _____

PUBLICITY/PHOTO RELEASE

I understand that my child may be photographed or videotaped by the Greenfield Recreation Department for use on website, in promotional/ publication materials, and for grant purposes. Newspaper and television staff may also photograph or videotape my child should they feature the program.

I do _____ I do NOT _____ give permission for my child to be photographed/videotaped. INITIALED: _____

MOVIES & VIDEO GAMES

There are gaming systems and DVD players at our Center. As a part of programming, movies and video games are played during free time or on shortened school days. We are requesting permission for your child to watch PG-13 rated movies and play T rated video games or below. These movies and games are reviewed by staff and will not contain material teens would otherwise not see on television. By signing below you allow your child to participate in movie and video game activities.

Parent/Guardian (Print): _____ Signature: _____ Date: _____

PARENT HANDBOOK ACKNOWLEDGEMENT

I have read and understand all of the policies in the Rec Room Handbook. I agree to follow the handbook policies accordingly. I do understand that all policies listed in this handbook will be enforced, and failure to comply with the policies, is reason for immediate termination.

Parent/Guardian (Print): _____ Signature: _____ Date: _____

Please return this form to the Greenfield Recreation Department, 20 Sanderson Street, Greenfield, MA 01301

Phone: (413)772-1553 Fax: (413)773-0115 Website: www.greenfieldrecreation.com

This form must be completed and submitted before your child begins the program. It will be placed in their file for reference.

FOR OFFICE USE ONLY:

DATE OF ADMISSION: _____

REVIEWED BY: _____

The Rec Room

MEDICATION CONSENT FORM

Name of child: _____

Name of medication: _____

Please **one** of the following: Prescription: _____ Oral/Non-Prescription: _____

Unanticipated Non-Prescription for mild symptoms _____

Topical Non-Prescription (**applied to open wound/ broken skin**) _____

My child has previously taken this medication _____

My child has **not** previously taken this medication, but this is an emergency medication and I give permission for staff to give this medication to my child in accordance with their individual health care plan _____

Dosage: _____

Date(s) medication to be given: _____

Times medication to be given: _____

Reasons for medication: _____

Possible side effects: _____

Directions for storage: _____

Name and phone number of the prescribing health care practitioner:

Child's Health Care Practitioner Signature _____ **Date** _____

I, _____, (parent or guardian) gives permission
(print name)

to authorize educator(s) to administer medication to my child as indicated above.

Parent/Guardian Signature _____ **Date** _____

For topical, non-prescription **NOT** applied to open wound / broken skin (**parent signature only**)