

# SUMMER FUN



## RECREATIONAL PROGRAM

HOSTED BY THE HAYWARD POLICE DEPARTMENT'S YOUTH AND FAMILY SERVICES BUREAU IN PARTNERSHIP WITH OTHER COMMUNITY BASED ORGANIZATIONS

# FREE!

TO HAYWARD  
YOUTH ENTERING  
GRADES 2-8

### WHEN?

TUESDAYS, WEDNESDAYS, &  
THURSDAYS

(GRADES 2-5): 9-10:30 AM  
(GRADES 6-8): 11-12:30 PM

### WHAT?

FACILITATED ACTIVITIES WITH  
A FOCUS ON:

FUN  
HEALTH & WELLNESS  
SOCIAL/EMOTIONAL LEARNING  
&  
COMMUNITY BUILDING

### WHERE?

BIRCHFIELD PARK  
HAYWARD, CA

(LOCATED AT THE  
CORNER OF SANTA CLARA  
AVE AND ELMHURST)

### TWO SESSIONS AVAILABLE:

SESSION #1 - 6/22-7/15/21

SESSION #2: 7/27-8/19/21

## SPACE IS LIMITED!!!

ENROLL TODAY BY COMPLETING THE  
ATTACHED APPLICATION AND RETURNING TO :

[summerprogram@hayward-ca.gov](mailto:summerprogram@hayward-ca.gov)

or in person to:

YFSB - Summer

300 W. Winton Ave. Hayward

(510)293-7048





# SUMMER FUN APPLICATION AND WAIVER



Preferred Session (please check ONE):

Session #1:  
6/22-7/15/21

Session #2:  
7/27 - 8/19/21

No Preference

## PARTICIPANT INFORMATION

PARTICIPANT'S NAME: \_\_\_\_\_ PRIMARY LANGUAGE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARENT/GUARDIAN NAME 1: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

PARENT/GUARDIAN NAME 2: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

### PICK UP AND RELEASE

Please indicate how you would like us to release your child at the end of each session.

Picked up by an authorized individual - List the names of people you authorize to pick up your child:

Name	Relationship	Phone

My child is permitted to walk home unescorted

Other (Please describe)

\_\_\_\_\_

**HEALTH INFORMATION**

Allergies (please list any/all allergies participant has experienced. Enter N/A if not applicable.) Do these allergies require the use of an Epi-pen? \_\_\_\_\_

Medications (please list, including the use of an inhaler. Enter N/A if not applicable.) \_\_\_\_\_

Any special mental, physical, or medical problems (Enter N/A if not applicable.) \_\_\_\_\_

**EMERGENCY CONTACT NAME** (This should be someone other than the parent/guardian):

\_\_\_\_\_ E-MAIL: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

**WAIVER OF LIABILITY AND PERMISSION TO PARTICIPATE**

I have read and accept the waiver of liability and permission to participate  Yes  No

I, the undersigned, give permission for my child to participate in the activities offered by YFSB’s Summer Fun Recreational Program. I know of no physical disorder that could keep my child or ward from participating in this program. I waive any claim of liability against, and agree to hold harmless Youth and Family Services Bureau, Hayward Police Department, or the City of Hayward, and any other officer, agent and/or employee thereof from any claim of injury to participant arising out of or in any way connected with any class or activity offered by YFSB’s Summer Fun Recreational Program. Further, if said participant should become injured while participating in a program, I authorize transportation to any physician or surgeon licensed in the State of California to perform emergency or surgical treatments, which, in his or her judgment, may be necessary. I understand that YFSB conducts evaluations to assess the quality of programs. I give permission for my child to be part of this program evaluation. I also understand that the information collected about my child will be kept confidential and that only the persons connected with YFSB’s Summer Fun Recreational Program and the evaluation will have access to this information.

**PERMISSION TO USE PARTICIPANT IMAGES**  Yes  No

I also give permission for any photograph, videotape, film audiotape or writing of said participant, obtained during normal summer program activities, to be used in informational materials and social media for the program.

**PERMISSION TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE**

I have read and accept the permission to provide necessary treatment or emergency care  Yes  No

I hereby give permission to the medical personnel selected by YFSB, including without limitation, coaches, volunteers and staff to provide transportation and all necessary medical and dental care for the above-named child. I hereby give permission to the medical care provider(s) selected by YFSB to secure and administer all necessary treatment, including hospitalization, for the child. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the child.

**ATTENDANCE POLICY**

I have read and understood the below attendance policy  Yes  No

It is very important that your child attend all sessions possible. If a participant is absent 3 or more times, she may be asked to leave the program. Youth are not allowed to attend only one session per week as they will not receive the full benefits of the program. Please register your child for a session when they can attend consistently.

**RESPECTFUL BEHAVIOR POLICY**

I have read and understood the below behavior policy     Yes     No

Participants are expected to behave in a way that permits the facilitators to carry out the day's scheduled activities. Youth who are continually disruptive in a way that prevents the rest of the group from experiencing the benefits of the program may be asked to leave for the rest of the session. A child who engages in behavior that threatens the health or welfare of other participants, administrators, staff, or volunteers will be released from the program for the remainder of the season. YFSB's Summer Fun Recreational Program, its staff, and administrators reserve the right to remove from participation any child who for any reason does not fit the mission and goals of the organization.

**By signing below I agree to the terms above.**

Signature \_\_\_\_\_ Date \_\_\_\_\_