

## SAFARI PROGRAM REGISTRATION INFORMATION



### PROGRAM & GOALS

It is the goal of Safari to provide a safe and nurturing environment that offers a variety of opportunities for children to grow physically, socially, academically and emotionally. This is accomplished through supervised, quality programs designed to encourage new interests, creativity, self-confidence and responsibility.

Our daily afterschool program includes an afternoon snack, nutrition education, supervised homework time, and recreation and organized physical activity. The children are grouped by age. Activities include arts & crafts, reading, character building exercises and organized games.

### HOURS

Safari afterschool begins immediately after school and runs until 6:00 P.M. Full day safari program begins at 7:30 A.M. and runs until 6:00 P.M. Afternoon Safari is also held on in-service days and some holidays. Separate registration is required for full day programs. Additional fees apply.

### STAFF & RATIOS

Our staff includes teachers, school district employees, adults, college students and high school students. It is Irmo Chapin Recreation Commission's goal to maintain an overall child to staff ratio of 13:1 for elementary and 15:1 for intermediate/middle school grades. Therapeutic Recreation maintains a 3:1 ratio. Select staff are first aid and CPR certified.

### PAYMENT AND ATTENDANCE POLICY

Please select your payment plan for the duration of the school year. Two plan changes per child will be allowed during the school year. Students will be charged the weekly rate regardless of attendance. There is no exception to this policy.

Payment is due the Monday prior to the week service is provided. Failure to make your payment by Wednesday at 6:00 P.M. will result in a \$5 late fee. After two consecutive weeks without payment, your child will no longer have a reserved space in the Safari program. Accounts must carry a zero balance to be considered in good standing. **Repeated late payment may be grounds for permanent dismissal from the program.**

Payments can be made with credit cards online through our website at [www.icrc.net](http://www.icrc.net); over the phone by calling Seven Oaks Park (803) 772-3336 or Crooked Creek Park (803) 345-6181. Cash and check payments can be made in person at either Seven Oaks Park or Crooked Creek Park during normal park operating hours.

### FEES

#### WEEKLY (Full Time)

\$66/per child per week; \$46/per child per week for those who qualify for financial aid (must provide qualifying documents)  
Therapeutic Recreation: \$50/per child per week  
*Fees will be charged for 40 weeks regardless of attendance*

### INTERIM

Available Monday-Friday until 4:15 P.M. for Lexington-Richland District 5 school district employees at school sites only. Call for details.

### CREDITS ARE NOT GIVEN for missed days or weeks.

*Separate fees and registration required for winter, spring break, and summer camps or full days during the school year.*

### FINANCIAL AID

Safari offers a reduced rate to those students who qualify. The rate is effective from the Monday following the date you provide us with the qualifying information.

### RETURNED CHECKS

If your check is returned by the bank for insufficient funds, it will be submitted to the Lexington County Solicitor's Office for collections. All fines and penalties are the responsibility of the check writer. Safari services will be suspended until ICRC receives payment from the Solicitor's Office. After two returned checks (per account), payment must be made in the form of cash, credit card, or money order at Crooked Creek Park or Seven Oaks Park only.

### TAX STATEMENTS & WEEKLY RECEIPTS

Year-end tax statements and weekly receipts will be available through your online account. Tax ID #: 57-0520972

### PICK-UP POLICY

For pick-up, parent will drive up and call site phone, provide pick-up verification password by parent/guardian and child will be brought out to the car. Children must be signed out no later than 6:00 P.M. by someone listed on their authorized list. Everyone on the pick-up list must be at least 16 years of age. ICRC requires a pick-up password, and identification may be required for anyone picking up a student at a Safari location. If you are going to be late, a phone call is required. Late sign out after 6:00 P.M. can result in a *late pick up fee of \$1 per minute*. Frequent tardiness and late sign out can result in suspension. If we cannot reach a parent or emergency contact after Safari closing hours, the sheriff's department will be called to pick up your child.

Your child's safety is very important to us. In order to ensure that we have accounted for every child during pick up we must have an accurate roster. Parents are required to notify program staff if their child will not be at Safari or has a change to his/her schedule.

- Please communicate any planned absences or change in your child's schedule in writing to Safari staff.
- In the event of a last minute change, please leave a message on the Safari phone (directory available at end of information form).

### SCHOOL CLOSING POLICY

If Lexington-Richland District 5 closes early or cancels school for any reason, Afternoon Safari will be closed at the school sites. Safari programs may be available at the park sites. If the decision is made to close school early, District 5 staff will contact you to pick-up your child. It is important that each family have a contingency plan on file, preferably with your child's teacher, describing where and with whom your child should go in the event of an early school closing.

### STUDENT HOLIDAYS

Student holidays require separate registration and additional fees apply. Please contact Crooked Creek Park or Seven Oaks Park for specific dates and how to register.

### MEALS & SNACKS

A healthy afternoon snack is offered to each child attending the Safari program. On full days, a morning and afternoon snack are provided. Lunch is also included on full days, or children are welcome to bring their own in an insulated bag. Lunch is not provided for week-long breaks including winter break, spring break, and Summer Safari. A microwave and refrigerator are NOT available.

### MEDICATION

Medication will not be administered at Safari without an ICRC health form on file. Medication must be sent in its original container. Epi Pens & Inhalers will need to be in a bag with your child's name on it. Safari staff are not trained to administer injectable medication. If child cannot self-administer medication, please contact Safari staff to discuss prior to child's first day of camp. All medication must be turned in by a parent/guardian to Safari/TR site staff and may not be sent with a child or in their belongings.

### MANAGEMENT OF COMMUNICABLE DISEASES

A child should not attend Safari if he/she has any of the following symptoms: fever, vomiting, diarrhea, sore throat, undiagnosed rash, inflamed/matted eyes and/or severe cold. If a child becomes sick at Safari, a parent/guardian or emergency contact will be called to pick-up the child.

### RECORDS

We must have a registration/liability form on file for every student attending Safari programs. It is important that we have accurate information in the event of an emergency. Please notify us immediately of changes in phone numbers, address, etc.

### BEHAVIOR MANAGEMENT

School rules are extended to Safari programming so students are not asked to learn two sets of rules. Each child/parent is required to read and sign the Safari Behavior Agreement at registration. A complete list of rules, regulations and guidelines can be found in the Safari Parents Manual available online at [www.icrc.net/after-school-programs](http://www.icrc.net/after-school-programs).

### DISCIPLINE PROCEDURES

School rules are extended to Safari so students are not asked to learn two sets of rules.

- Staff is expected to treat children and their families with respect.
- Children are expected to respect the staff, the rules and each other.
- Discipline procedures include verbal warning, "time-out", loss of privileges, a phone call to parents, parent conferences and discipline forms.
- Our staff will handle any behavior/discipline problems to the best of his or her ability within Safari guidelines. Parents are not permitted to approach other students in an effort to resolve these matters.
- Discipline forms are completed for repetitive or serious discipline problems. Parents are required to sign the discipline form to acknowledge that they have been made aware of the problem.
- If a student receives three discipline forms, he or she will be suspended for two days. A fourth discipline form will result in a one week suspension. A fifth form may result in

2024-2025

# AFTERNOON SAFARI

## REGISTRATION INFORMATION

Ballentine Elementary  
 Chapin Elementary  
 Chapin Intermediate  
 Harbison West Elementary  
 Irmo Elementary  
 Lake Murray Elementary

Leaphart Elementary  
 Nursery Road Elementary  
 Oak Pointe Elementary  
 Piney Woods Elementary  
 Seven Oaks Elementary  
 Therapeutic Recreation



expulsion from Safari programs for a full calendar year. ICRC reserves the right to remove a child from Safari at any time.

- Behavior that may result in immediate expulsion include, but are not limited to, physical violence, use or possession of drugs or alcohol, weapon possession, vandalism/ destructive behavior, sexual misconduct or threatening behavior.
- Physical contact in disciplining the children is avoided, but may used to restrain students from harming themselves or others.

A complete list of rules, regulations and guidelines can be found in the Safari Parents Manual available at [www.icrc.net/after-school-programs](http://www.icrc.net/after-school-programs).

### ACCIDENTS/EMERGENCIES

In the event a child is involved in an incident and/or injured, our staff will assess the injury and administer basic first aid or call emergency personnel.

In an EMERGENCY, or if a parent/guardian or emergency contact cannot be reached, 911 will be called. All medical expenses and ambulance fees will be the sole responsibility of the parent/guardian.

ICRC does not provide accident insurance to our participants. We do, however, offer all participants the opportunity to purchase supplemental accident insurance during the application process.

### PARENT INVOLVEMENT & COMMUNICATION

We believe in a strong partnership between parents and staff. The Safari programs have the following opportunities for mutual communication.

- Parents may request a conference with the site supervisor or assistant site supervisor at any time to discuss their child or the program.
- Please take time to participate in our surveys. Your feedback is important in evaluating our programs.
- We use a message board on site and email to communicate important information to our parents. Please take the time to check it daily.
- Our counselors are dedicated to interacting and caring for your children, so if you have any questions, concern or suggestions, please communicate with your site supervisor or assistant site supervisor.

### CHILD ABUSE

Our staff is legally required to report any instance of observed or suspected child abuse/neglect to the appropriate authorities. This includes anyone attempting to pick-up a child while under the influence of drugs or alcohol.

### DO NOT BRING

Please do not bring money or other valuables items including toys, games, gaming cards, electronics, etc. Safari staff are not responsible for lost, stolen or damaged personal belongings and/or school issued devices.

### SAFARI PARENT'S HANDBOOK

The Safari Parent's Handbook describes Irmo Chapin Recreation Commission's after school program, philosophy, and policies. The handbook provides all the necessary information for parents/guardians regarding participation in the Safari after school program.



To view the handbook, please scan the QR code.

### SAFARI PROGRAM DIRECTORY

- Ballentine Safari: 803-479-3469
- Chapin Elementary Safari: 803-466-1271
- Crooked Creek Park Safari: 803-586-1606
- Irmo Elementary Safari: 803-513-9080
- Lake Murray Safari: 803-466-9530
- Leaphart Elementary: 803-528-8672
- Nursery Road Elementary: 803-876-6404
- Oak Pointe Elementary Safari: 803-586-1608
- Pineywoods Elementary: 803-543-2240
- Seven Oaks Park Safari: 803-586-1608

### THERAPEUTIC RECREATION DIRECTORY

Therapeutic Recreation administrator: 803-213-1194



**Irmo Chapin Recreation Commission**  
**2024-2025 AFTERNOON SAFARI / THERAPEUTIC RECREATION APPLICATION**  
 Please print. Form must be filled out completely.

**Pick-up Password:** \_\_\_\_\_

**1. Please select one of the following payment plans for the 2024–25 school year.**

- FULL TIME:** \$66/every week/child (NO CREDITS GIVEN FOR MISSED DAYS, HOLIDAYS, INCLEMENT WEATHER. ETC). A reduced rate is available for those who qualify for financial aid (must provide qualifying documents)
- THERAPEUTIC REC FULL TIME:** \$50/every week/child (NO CREDITS GIVEN FOR MISSED DAYS)
- INTERIM:** \$36/every week/child (available at school sites. Only for Lex.-Rich. District 5 employees. Pick-up by 4:15 P.M.)

**2: Auto draft will automatically withdraw invoice due weekly from the valid authorized credit card stored in client account.**

**I want to be enrolled in auto draft, please initial here.** \_\_\_\_\_ **Last 4 digits of credit card** \_\_\_\_\_

**3. Location: My child will be picked up from the following school (please check)**

- |  |   |
|--|---|
| <input type="checkbox"/> Ballentine Elementary                       | <input type="checkbox"/> Oak Point Elementary                             |
| <input type="checkbox"/> Chapin Elementary                           | <input type="checkbox"/> Nursery Road Elementary                          |
| <input type="checkbox"/> Chapin Intermediate to Crooked Creek Park   | <input type="checkbox"/> Piney Woods Elementary                           |
| <input type="checkbox"/> Harbison West Elementary to Seven Oaks Park | <input type="checkbox"/> Seven Oaks Elementary to Seven Oaks Park         |
| <input type="checkbox"/> Irmo Elementary                             | <input type="checkbox"/> Therapeutic Recreation (SOP) drop-off from _____ |
| <input type="checkbox"/> Lake Murray Elementary                      | <input type="checkbox"/> Therapeutic Recreation (CCP) drop-off from _____ |
| <input type="checkbox"/> Leaphart Elementary                         |   |

**Student #1:** \_\_\_\_\_ Sex:  M  F Birthdate: \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_\_ (2024–25)

Allergies/Special Needs \_\_\_\_\_

**Student #2.** \_\_\_\_\_ Sex:  M  F Birthdate: \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_\_ (2024–25)

Allergies/Special Needs \_\_\_\_\_

**Student #3:** \_\_\_\_\_ Sex:  M  F Birthdate: \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_\_ (2024–25)

Allergies/Special Needs \_\_\_\_\_

**4. Residence Address:** \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**5. Primary Email Address:** \_\_\_\_\_

**6. Parent/Guardian’s Name:** \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone (if different): \_\_\_\_\_

**7. Parent/Guardian’s Name:** \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone (if different): \_\_\_\_\_

**8. Emergency Contact 1:** \_\_\_\_\_ Relation to child: \_\_\_\_\_ Phone #: \_\_\_\_\_

**9. Emergency Contact 2:** \_\_\_\_\_ Relation to child: \_\_\_\_\_ Phone #: \_\_\_\_\_

**10. Person(s) AUTHORIZED to pick up child(ren):** \_\_\_\_\_

**11. Person(s) UNAUTHORIZED to pick up child(ren):** \_\_\_\_\_

\_\_\_\_\_ **First week’s payment is due with registration. Payment is due on Monday prior to week of service for 40 weeks regardless of attendance. A \$5 late fee will apply if payment is not received by Wednesday at 6:00 P.M. the upcoming week.** After two weeks of non-payment, your child will no longer have a reserved place in the program. Returned checks will be submitted to the Lexington County Solicitor’s Office for collection. Afterschool services will be suspended until ICRC receives payment from the Solicitor’s Office. Any fines/penalties are the responsibility of the check writer. After two returned checks (per any account), payment must be made in the form of cash, credit card, or money order. Repeated non-payment, late pick-up and/or failure to notify of absences may result in the removal of your child from the program. Please refer to the Afternoon Safari policies for additional information.

**11: G and PG rated movies are occasionally offered as part of the Afternoon Safari program.**

- YES, my child can view G and PG movies**
- NO, I do not want my child to view G and PG movies**

**12. Insurance Coverage:**

- YES,** I do wish to purchase accident coverage at a cost of \$6.00/child.
- NO,** I do not wish to purchase accident insurance for my child(ren). The above named child(ren) are covered by adequate personal accident coverage. I understand that the Irmo Chapin Recreation Commission does not provide accident insurance for participants.

Child’s Name \_\_\_\_\_ Age: \_\_\_\_\_  
 Child’s Name \_\_\_\_\_ Age: \_\_\_\_\_  
 Child’s Name \_\_\_\_\_ Age: \_\_\_\_\_

## **BEHAVIOR EXPECTATIONS & DISCIPLINE POLICY**

- 1.) The ICRC Safari staff makes every effort to help children understand clear definitions of acceptable and unacceptable behavior. It is important that staff maintain order and control to achieve our top objective of safety and positive atmosphere for learning and developing skills.
- 2.) A child's behavior is expected to be consistent with the following: always use appropriate language; cooperate with staff and follow directions; respect other children and staff, equipment, facilities, and self; maintain a positive attitude, and stay in designated program areas. If the child's behavior continues to be disruptive and/or unsafe, the child will be subject to suspension or dismissal from the program.
- 3.) The Safari program does not condone and does not permit ridiculing, threatening and using an inappropriately loud voice, corporal punishment, leaving children unsupervised or the use of profanity. Our staff will address any behavior/discipline problems to the best of his/her ability with the Safari guidelines. Parents are not permitted to approach other children to resolve these matters.

### **Discipline Policy**

- 1.) Discipline procedures include "time-out", loss of privileges, a phone call to parents and discipline forms.
- 2.) Discipline forms are completed for repetitive or severe discipline problems. Parents are required to sign the discipline form to acknowledge that they have been made aware of the problem.
- 3.) If a student receives three discipline forms, he or she will be suspended for two days.
- 4.) A fourth discipline form will result in a one-week suspension.
- 5.) A fifth form may result in expulsion from Safari programs for a full calendar year.
- 6.) ICRC reserves the right to remove a child from Safari at any time.

### **Behavior that may result in immediate expulsion include, but are not limited to:**

- 1.) Any action that could threaten or pose a direct threat to the physical/emotional safety of the child, other children, or staff.
- 2.) Fighting/physical violence
- 3.) Possession of a weapon of any kind.
- 4.) Vandalism or destruction of park/school property, or property of others.
- 5.) Sexual misconduct
- 6.) Possession of or use of alcohol or controlled substances unless under the prescription of a physician.
- 7.) Running away
- 8.) Physical harm including biting. Physical contact in disciplining the children is avoided but may be used to restrain children from harming themselves or others.
- 9.) Theft

**I have read, understand, and agree with the behavior expectations and discipline policies as stated. I have discussed the expectations of behavior with my child.**

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

**Child Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Irmo Chapin Recreation Commission Agreement and Full Release of Liability**

This release is intended to be as complete and comprehensive as possible under the law.

As parent/guardian of the above named child(ren) I have received, read, understand and agree to abide by the guidelines of this program outlined in the Parent/Child Handbook. I understand that failure to do so can be cause for removal from the program. I am responsible for signing my child(ren) out each day and notifying program staff regarding any changes in the information provided above. I give my permission for ICRC to photograph my child(ren) and publish these images in the media and/or for publicity purposes.

1) I acknowledge that there are risks of physical injury to me or my minor child from participating in activities offered by the Irmo Chapin Recreation Commission. I understand these risks and have had an opportunity to inquire into these risks. I agree to release and discharge the Irmo Chapin Recreation Commission and its agents, employees and volunteers from all liability for any injury to me or my minor child from negligence. If I or my minor child becomes injured, I authorize the Irmo Chapin Recreation Commission to assist with procuring proper medical care. I understand that I am responsible for all medical costs.

2) I for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, HERBY RELEASE AND HOLD HARMLESS Irmo Chapin Recreation Commission, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owner and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

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



# SAFARI HEALTH HISTORY FORM

Crooked Creek Park  
(803) 345-6181  
Seven Oaks Park  
(803) 772-3336

Please complete both sides of this form and turn in with registration. Attached additional information if needed.

Participant Name: \_\_\_\_\_ Household Number: \_\_\_\_\_  
First Middle Last

Male  Female Birth Date \_\_\_\_\_ Age at : \_\_\_\_\_  
Month/Day/Year

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Participant Name

First

Middle

Last

(For Staff Use)

Group

(For Staff) 2024 Summer: 1

2

3

4

5

6

7

8

9

10

11

ANS-24-25

Participant Home Address: \_\_\_\_\_  
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:  
Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_ Preferred Phones: (\_\_\_\_) (\_\_\_\_)  
Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:  
Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_ Preferred Phones: (\_\_\_\_) (\_\_\_\_)  
Email: \_\_\_\_\_

Additional contact in event parent(s)/guardian(s) cannot be reached:  
Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_ Preferred Phones: (\_\_\_\_) (\_\_\_\_)

**Allergies:**  No known allergies.  This participant is allergic to:  Food  Medicine  The environment (insect stings, hay fever, etc.)  Other  
*(Please describe below what the participant is allergic to and the reaction seen.)*

**Diet, Nutrition:**  This participant eats a regular diet.  This participant eats a regular vegetarian diet.  This participant is lactose intolerant.  
 This participant is gluten intolerant.  Other, *please explain in space.*

**Restrictions:**  I have reviewed the program and activities of the camp and feel the participant can participate without restrictions.  
 I have reviewed the program and activities of the camp and feel the participant can participate with the following restrictions or adaptations.  
*(Please describe below.)*

### Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the participant to whom it pertains. The person described has permission to participate in all activities except as noted by me and/or an examining physician. I give permission to the physician selected by ICRC to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with ICRC staff. I give permission to photocopy this form. In addition, ICRC has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with ICRC staff about my child's health status.

Signature of Custodial Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

*If for religious or other reasons you cannot sign this, contact ICRC for a legal waiver which must be signed for attendance.*

- Medication:**
- This participant will not take any daily medications while attending.
  - This participant will take the following daily medication(s) while attending:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. **Provide only enough of each medication to last the entire day/week the participant will be attending. Medication may NOT be left at camp over the weekend. Medication must be checked in & out weekly.**

Name of Medication	Date Started	Reason for taking it	When it is given	Amount or dose given	How it is given	Possible Side Effects
			<input type="radio"/> Morning Snack <input type="radio"/> Lunch <input type="radio"/> Afternoon Snack <input type="radio"/> Other _____			
			<input type="radio"/> Morning Snack <input type="radio"/> Lunch <input type="radio"/> Afternoon Snack <input type="radio"/> Other _____			
			<input type="radio"/> Morning Snack <input type="radio"/> Lunch <input type="radio"/> Afternoon Snack <input type="radio"/> Other _____			

**Medication must be in the original container with the pharmacy label, or in the case of over-the-counter medications the manufacturer's label on it.**

As parent/guardian of the above-named participant, I request that Irmo Chapin Recreation Commission administer the medication provided according to the instructions listed above. I have provided the medication in its original container.

Signature of parent/guardian: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone number: \_\_\_\_\_

**General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.**

Has/does the participant:

- |   |  |  |  |
|---|--|--|--|
| 1. Ever been hospitalized? .....                  | <input type="radio"/> Yes <input type="radio"/> No | 10. Had fainting or dizziness? .....                           | <input type="radio"/> Yes <input type="radio"/> No |
| 2. Ever had surgery? .....                        | <input type="radio"/> Yes <input type="radio"/> No | 11. Passed out/had chest pain during exercise? .....           | <input type="radio"/> Yes <input type="radio"/> No |
| 3. Have recurrent/chronic illnesses? .....        | <input type="radio"/> Yes <input type="radio"/> No | 12. Had mononucleosis ("mono") during the past 12 months?..... | <input type="radio"/> Yes <input type="radio"/> No |
| 4. Had a recent infectious disease? .....         | <input type="radio"/> Yes <input type="radio"/> No | 13. If female, have problems with periods/menstruation?.....   | <input type="radio"/> Yes <input type="radio"/> No |
| 5. Had a recent injury? .....                     | <input type="radio"/> Yes <input type="radio"/> No | 14. Had asthma/wheezing/shortness of breath?.....              | <input type="radio"/> Yes <input type="radio"/> No |
| 6. Ever had back/joint problems?.....             | <input type="radio"/> Yes <input type="radio"/> No | 15. Have problems with diarrhea/constipation?.....             | <input type="radio"/> Yes <input type="radio"/> No |
| 7. Have diabetes? .....                           | <input type="radio"/> Yes <input type="radio"/> No | 16. Have any skin problems?.....                               | <input type="radio"/> Yes <input type="radio"/> No |
| 8. Had seizures? .....                            | <input type="radio"/> Yes <input type="radio"/> No | 17. Had headaches? .....                                       | <input type="radio"/> Yes <input type="radio"/> No |
| 9. Wear glasses, contacts, or protective eyewear? | <input type="radio"/> Yes <input type="radio"/> No |  |  |

**Please explain "Yes" answers in the space below, noting the number of the questions.**

**Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.**

Has the participant:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)?.....  Yes  No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder?.....  Yes  No
3. During the past 12 months, seen a professional to address mental/emotional health concerns?.....  Yes  No
4. Had a significant life event that continues to affect the participant's life?.....  Yes  No  
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

**Please explain "Yes" answers in the space below, noting the number of the questions. ICRC may contact you for additional information.**

**What Have We Forgotten to Ask? Please provide in the space below** any additional information about the participant's health that you think important or that may affect the participant's ability to fully participate in the program. **Attach additional information if needed.**

# Sports / Recreation ACCIDENT INSURANCE

Standard Life and Casualty Insurance Company • P.O. Box 510690 • Salt Lake City, UT 84151-0690  
Fax: 801-538-0392 • Toll Free: 800-327-0695

## VOLUNTARY \$250,000 COVERAGE

- (1) **PRIMARY COVERAGE** – Pays regardless of other insurance, directly to you, your doctor, or hospital.
- (2) **NO DEDUCTIBLE** – Pays from first visit.
- (3) **ALL ACTIVITIES** – Sponsored and supervised by the recreation organization – except 10-12<sup>th</sup> grade football.

The policy covers participants enrolled for activities conducted by the policyholder for bodily injury caused by accidents while:

- A. Attending or participating in any regularly scheduled or authorized group activity of the policyholder which is conducted under the supervision of a leader;
- B. Traveling with other members of the policyholder as a group under the supervision of a leader.

### ACCIDENT MEDICAL EXPENSES BENEFIT \$250,000 – NO DEDUCTIBLE

Pays expenses incurred within 24 months after the date of accident for doctors, dentists, surgeons, hospitals, ambulance or registered nurse for treatment (commencing within 30 days) of any covered injury, with the following limitations:

- (1) Doctor's Calls - \$25.00 first visit and \$15.00 per daily visit thereafter for non-surgical treatment.
- (2) Surgeon's fees according to schedule - \$1,100 maximum.
- (3) Anesthesiologist – 25% of the surgical allowance.
- (4) Out-patient X-ray, including radiologist - \$25.00 per X-ray - \$125.00 maximum.
- (5) Hospital room and board limited to \$115.00 daily maximum.
- (6) Hospital miscellaneous - \$200.00 first day confined, \$100.00 second and \$50.00 daily thereafter.
- (7) Emergency Room - \$115.00 maximum.
- (8) The maximum limit for dental expenses as result of injury to natural teeth is \$200.00.
- (9) Ambulance - \$75.00 each trip - \$150.00 maximum.

**HOW THE PLAN WORKS** – A policy is issued to the Recreation Organization. You will be either insured from the effective date of the policy or from the date on which premium is paid, whichever is later. Because of the small charge for this protection, there is no reduction in cost for late enrollment. Your insurance will expire at the end of the Recreation Organization's policy term.

Send All Claims To:



Standard Life and Casualty  
PO Box 510690  
Salt Lake City, UT 84151-0690

### PARTIAL DESCRIPTION ONLY – RECREATION ORGANIZATION HAS POLICY.

**ONE PREMIUM** per person insures that person for **ALL** sports and **ALL** other activities in which he / she participates throughout the policy period.

Please Complete Enrollment Form &  
Return To The Recreation Office With  
Correct Premium

Through Age 18  
**\$6.00**  
Per Person

#### ENROLLMENT FORM

I do want \_\_\_\_\_ insured  
(name)

I do not want \_\_\_\_\_ insured  
(name)

X \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of insured, parent or guardian)

Please make check payable to your recreation organization.

## ACCIDENTAL DEATH, DISMEMBERMENT AND LOSS OF SIGHT INDEMNITY

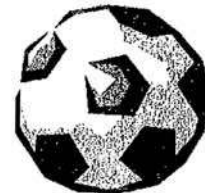
For Loss within 180 days of accident:

Life .....	\$5,000
Both hands, both feet, or sight of both eyes .....	5,000
One hand and one foot .....	5,000
One hand or foot, and sight of one eye .....	2,500
One hand or one foot .....	1,000
Sight of one eye .....	500
Two or more fingers or toes .....	250
One finger or one toe .....	150

**NOT COVERED** — (1) War, riot, civil disorder, suicide, any intentionally inflicted injury, or non-commercial air travel; (2) play, practice or travel in connection with any form of organized football in which any 10<sup>th</sup>, 11<sup>th</sup> or 12<sup>th</sup> grade student participates or adult football; (3) artificial aids such as crutches, braces, artificial limbs, hearing aids and eye glasses or prescription therefore, orthodontic treatment and appliances, or dental treatment except for injury to natural teeth, except as specifically provided for in the policy. Damage to teeth caused by biting, chewing or grinding is not covered; (4) disease, mental or bodily infirmity, aggravation of an existing condition, or hernia, regardless of cause; (5) injuries occurring while under the influence of or affected by intoxicants or narcotics; (6) insect bites, poison oak, poison ivy, warts, blisters, in-grown nails, food poisoning or any other similar condition; (7) bacterial infections except infections occurring through an open wound; (8) injuries sustained while operating or while a passenger in or on any two or three wheel motorized vehicle, or any 4-wheel motorcycles; (9) injuries resulting from fighting and/or activities in violation of any law are not covered; (10) payment of medical expenses incurred as a result of injuries suffered in automobile or motorized boat accidents shall be limited to \$2,500.00. This plan will pay against unpaid balances according to the schedule of benefits. No benefits are payable for any expense which is

paid or payable by any automobile insurance policy; (11) expense incurred for out-patient prescription drugs and medicines; (12) any charges the insured person is not legally obligated to pay; (13) **elective surgery except cosmetic surgery made necessary as a result of a covered injury**; (14) any loss covered under the Workmen's Compensation Act or similar law, nor confinement in a hospital owned or operated by the Federal, State, County or Local Government unless, in the absence of insurance, there is a legal obligation to pay for treatment or service; (15) **traveling directly between home and the place where any activity is conducted for the purpose of attending or returning from such activity. Dependents are not covered. There is no conversion privilege.**

**CLAIMS** — Notice of claim must be given to the Recreation Organization within thirty days after the date of the accident. The policy requires that proof of claim be filed within ninety days of loss. Claim payment can be made directly to the insured or benefits may be assigned to either a doctor or hospital. Claims will be paid promptly by the company.



**SPORTS**

