



REACH NEW HEIGHTS



2018-2019
AFTERSCHOOL
PROGRAMS

For more information call or visit the
Morris N. Broad Community Center at
1175 95th Street, Bay Harbor Islands
(786) 646-9970



2018-19 YOUTH REGISTRATION

Date: _____ Sport: _____ or Activity _____

Participant Name _____

first

last

Gender M F Birth date ___/___/___ Verified by _____ Age at time of registration _____

Lives with: Father Mother Both Parent(s) Name _____

Address _____

City _____ Zip _____ Cell phone : _____

Home phone : _____ Email _____

Doctor _____ Phone _____ Insurance _____

Emergency Contact other than parent: _____ Phone _____

T-shirt size (circle one): Youth XS SM MED LG or Adult SM MED LG XL XXL

BIRTH CERTIFICATE AND PROOF OF PHYSICAL EXAM IS REQUIRED AT THE TIME OF REGISTRATION

MEDICAL RELEASE & INSURANCE INFORMATION

I hereby consent for my child to be transported to the nearest hospital and have any medical treatment deemed necessary by the attending physicians. It is my intent to grant authority to administer and perform any and all examinations, treatment and diagnostic procedures, which during the course of my child's care may be deemed advisable and necessary. I've been advised that the insurance carried by the Town of Bay Harbor Islands is strictly a secondary policy. A very basic policy intended for those without Insurance. I understand there will be a deductible and I am responsible for filing my own claims.

Please check if applicable: ___Asthma ___Allergies ___Seizures ___Under Doctor's Care/Medication

Please Explain: _____

Parent/Guardian Signature: _____ Date _____

A PHYSICAL WILL BE REQUIRED AT THE TIME OF REGISTRATION

I/We, the parent/guardian of the above named candidate, hereby give my/our approval to participate in the Town Of Bay Harbor Islands Sports Program. I/We understand these activities could cause injury, paralysis or possible death. I/ We assume all risk and hazards incidental to such participation, including transportation to and from the activities; and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Town of Bay Harbor Islands, Ruth K. Broad K-8 Center, Town volunteers, sponsors, participants and persons transporting my/our child to and from activities; for any claim arising out of an injury to my/our child, whether the result of negligence or from any other cause, except to the extent and in the amount covered by accident and liability insurance. I/We agree to return upon request the uniform and other equipment issued to my/our child in as good as condition as when issued except for normal wear and tear and agree to pay replacement cost if lost or damaged. I/We shall furnish a certified birth certificate of the above named candidate. My child and my family will abide by the rules of the Town of Bay Harbor Islands.

Parent/Guardian Signature: _____ Date _____

REFUND POLICY

Refunds can be made one week prior to start date, Tuesday, September 11, 2018. No refund will be made once programs begin **(NO EXCEPTION)**. All refund request must be made in writing. Aftercare will be provided if needed for a fee of \$50 a week. Any child not picked up on time will be automatically charged a fee \$50. This fee must be paid before the child can attend the program the next day. If the payment is not paid the next day. Your child will not be allowed to participate and will automatically be sent home (they will walk home). There will be no refund or credit for missed program days **(NO EXCEPTION)**.

Parent/Guardian Signature: _____ Date _____

ACKNOWLEDGMENT OF RECEIPT OF BULLYING/HARASSMENT POLICY

The Town of Bay Harbor Islands follows the Miami-Dade County Public Schools policy against Bullying and Harassment.

Please sign below that you have received this document.

Parent/Guardian Signature: _____ Date _____

CODE OF CONDUCT/ STATEMENT OF UNDERSTANDING

Please initial each item to indicate you have read it.

- I understand that Bay Harbor Islands plays in a competitive league. Playing time and position is determined by the coaching staff, whose decision is final. If I have a concern about my child's participation, I will speak privately to the coach or director in a constructive manner.
- I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game and practice.
- My child and I will treat other players, coaches, fans, and officials with respect regardless of race, sex or creed.
- I will place the emotional and physical well-being of my child ahead of a personal desire to win.
- I will support coaches and officials working with my child to encourage a positive and enjoyable experience for all.
- I will demand a sports environment free from drugs, alcohol and tobacco, and will refrain from their use at all youth events.
- I will observe my child's practices and games from the area league officials designate for spectators.
- Only The Town Bay Harbor Islands coaches and team managers are allowed on the sidelines during games.
- My child and I will make sure he/she has all of his/her equipment for practice and games, and know that if he/she does not have all the necessary equipment, he/she will not be able to participate. If my child loses a piece of equipment, I am responsible for the replacement cost.
- To the best of my ability, I will arrange to have my child at all team practices and games, knowing that attendance affects game participation. I will make sure my child arrives at practices and games on time, and is taken home immediately after the event concludes.
- I understand that BAY HARBOR ISLANDS has a no tolerance policy, and if I violate a league or team rule I and/or my child may be suspended, placed on probation or expelled by the Director. A player or cheerleader expelled from a team may not be eligible to participate the following season.
- I have read all of the above Parent/Guardian Code of Conduct items and agree to abide by all of them.

Child's Name _____ Parent/Guardian name (Print) _____ Parent/Guardian Signature _____

SAFETY INFORMATION

If your student has any known medical, physical or emotional conditions, **please provide information in the space below.** This information will assist us in accomodating your child. These conditions include a) any medical conditions, allergies or special needs, b) any behavioral or emotional issues and c) if the student is taking any medications to treat these conditions.

REGISTRATION POLICIES

- There will be a one-time, non-refundable fee of \$20 for each application. This fee includes insurance and administrative processing fee.
- All fees must be paid when registering your child.

PAYMENT, REFUND, CANCELLATION POLICIES

- Registration fee is a one-time, non-refundable fee. All payment must be paid when registering.
- Refunds can be made one week prior to Tuesday, Sept. 11, 2018. No refund will be made after program begins (**no exception**). Refund requests must be made in writing.
- Aftercare will be provided if needed for a fee of \$50 a week. Any child not picked up on time will be automatically charged \$50. This fee must be paid before the child can attend the program the next day. If the payment is not paid the next day, your child will not be allowed to participate in activities and will be sent home. There will be no refund or credit for missed program days (No exceptions).

Signature of Parent/Guardian: _____

- There will be no refund/credit if child is suspended or dismissed from the program due to behavior (No exceptions).
- Any returned check will be assessed a \$25 returned check fee. The payment, plus fee must be paid within 48 hours or the child will be removed from the program. Once the child is removed he/she will be placed on waiting list.

Signature of Parent/Guardian: _____

BEHAVIOR POLICIES

- The following steps are taken to correct inappropriate behavior and to insure the safety and well-being of all participants.
- Staff will first take your child aside and quietly speak to him/her about their behavior concern. If the behavior warrants, the child will be placed in time out (appropriate to their age). The child will receive verbal warning and a behavior report requiring parent signature.
 - A child's second behavior incident will result in a phone call to the parent as well as a written behavior report.
 - A child's third behavior report will result in direct contact from Director to the parent and possible suspension or dismissal.
 - Director/Town Manager has the discretion to dismiss a child without warning (in cases of fighting, inappropriate language, failure to follow rules and behavior that threatens the safety of the child or others.)

Signature of Parent/Guardian: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In case of emergency, The Town of Bay Harbor Islands will attempt to reach either parent/guardian or emergency contacts given by the guardian on the Application Form. If for any reason none of these parties are available, I authorize the Town of Bay Harbor Islands to have my child transported to the closest medical facility by EMT and grant permission to perform any emergency procedure at the discretion of that medical facility. The Town will not be able to give any medication to children.

Signature of Parent/Guardian: _____

BAY HARBOR ISLANDS AFTER SCHOOL PROGRAM

2018-2019 ACTIVITIES

ACTIVITY	DAYS	TIMES	START/END	COST	
CHEERLEADING	Tue & Fri	3:30 - 5 pm	Sept. - June	\$825	Annual
BASKETBALL					
Junior (5th & 6th grade)	Monday	4:00 - 5:30 pm	Jan. - June	\$375	Seasonal
Varsity (7th & 8th grade)	Wednesday	3:30- 5 pm	Jan. - June		
Age 8 & Under, Age 10 & Under	Monday	3:15- 4 pm			
	Wednesday	2:30 - 3-3:00 pm	Jan. - June	\$250	Seasonal
FLAG FOOTBALL					
Flag Football	Tue & Thu	3:30 - 5 pm	Sept. - Jan.	\$375	Seasonal
Instructional Flag Football (no games) K-4	Tue & Thu	3:30- 5 pm	Sept. - Dec.	\$200	Seasonal
FITNESS					
Kung Fu Fitness	Mon & Wed	3:30 - 4:30 pm	Sept. - June	\$625	Annual
Dance, ages 5-6	Wed & Fri	2:30 - 3:30 pm	Sept. - June	\$825	Annual
Dance, ages 7 and up	Wed & Fri	3:30 - 4:30 pm	Sept. - June	\$825	Annual
SOCCER					
Age 6/Under, 8/Under	Mondays	3:30 - 4:30 pm	Sept. - June	\$525	Annual
	Wednesdays	2:30 - 3:30 pm			
Age 10 & under/14 & under	Mondays	4:30 - 5:30 pm	Sept. - June	\$525	Annual
	Wednesdays	3:30 - 4:30 pm			
Travel Tournament	(Try-outs TBA)			\$175	Session
VOLLEYBALL					
Middle School girls, 6-8 grade	Tue & Thurs	3:30 - 5 pm	Sept. - Jan	\$375	Seasonal
MUSIC					
Chorus	Wed 2:30 - 4 pm, Fri 3:30 - 5 pm		Sept. - June	\$400	Annual
Kind Club	Mon & Thur	3:30-4:30	Sept. - June	\$400	Annual
ART					
Elementary and Middle School	Tue & Thur	3:15 - 4:15 pm	Sept. - June	\$550	Annual
LANGUAGE					
French beginners/Non Speakers	Thursday	3:15 - 5:15 pm	Sept. - June	\$575	Annual
French Beginners/Speakers	Friday	3:45 - 5:45 pm.	Sept. - June	\$575	Annual
French Middle School Speakers	Friday	3:45 - 5:45 pm	Sept. - June	\$575	Annual
Spanish beginners, grade K-1	Tuesday	2:30 - 3:30 pm	Sept. - June	\$575	Annual
Spanish beginners, grade 2-5	Tuesday	3:45 - 4:45 pm	Sept. - June	\$575	Annual
Spanish beginners, middle school	Tuesday	5 - 6 pm	Sept. - June	\$575	Annual
Portuguese K-grade 1	Tue & Fri	2:30 - 3:30 pm	Sept. - June	\$525	Annual
Portuguese grade 2-5	Tue & Fri	3:30 - 4:30 pm	Sept. - June	\$525	Annual
GROUP TUTORING & HOMEWORK HELP					
Elementary & Middle	Mon-Wed-Fri	3:30 - 4:30 pm	Sept. - June	(see below)Annual	
	One day per week: \$200	Two days per week: \$400	Three days per week: \$600		