



Winter Wonderland

Reservation Sheet

Parent/Guardian Name: _____

Address: _____

Phone: _____ Email: _____

Community Location (please circle one):

Keystone Carver Dunbar Pinecrest
Lake Terrace Fairview Memorial Park Parkway



Name of Parent/Guardian who will attend with the child(ren): _____

Please complete the following information for each child. If you need to list more children then space provided below, please make a copy of this form.

Child Name: _____

Age: _____ Gender: _____

Clothing Size: Please indicate child or adult on sizes

Shirt/Sweatshirt _____ circle one: Adult or Child



Child Name: _____

Age: _____ Gender: _____

Clothing Size: Please indicate child or adult on sizes

Shirt/Sweatshirt _____ circle one: Adult or Child



Child Name: _____

Age: _____ Gender: _____

Clothing Size: Please indicate child or adult on sizes

Shirt/Sweatshirt _____ circle one: Adult or Child



Child Name: _____

Age: _____ Gender: _____

Clothing Size: Please indicate child or adult on sizes

Shirt/Sweatshirt _____ circle one: Adult or Child



When completed:

Email to: cheryls@jchousing.org

or

Drop off in person to: 901 Pardee St. Johnson City, TN 37601





Johnson City Housing Authority Application for Youth Events

AUTHORIZATION FOR PARTICIPATION

I hereby authorize and give permission for my child(ren) listed below to attend and participate in all youth activities hosted or co-hosted by JCHA on JCHA properties and any other activities (the "Activities") as follows (this list is not all inclusive):

- After school events, such as the monthly youth club events, events hosted by churches and/or local resource companies
- Annual events, such as Winter Wonderland, Seasonal and Holiday events, Back-2-School
- Other events hosted by Johnson City Housing Authority or Keystone Development

AUTHORIZATION FOR BASIC FIRST AID, EMERGENCY MEDICAL AND DENTAL CARE

I hereby grant permission to the staff of the Johnson City Housing Authority (JCHA) and/or medical personnel to administer basic first aid to my child(ren). In the event that I cannot be reached during an emergency, I authorize medical personnel selected by JCHA staff to obtain and provide necessary treatment (including hospitalization) and arrange for transportation for my child(ren), as named below. JCHA staff will make every effort to notify me if my child becomes ill or injured, and, if necessary, I agree to pick up my child as soon as possible thereafter.

IMMUNIZATION RECORDS

My child's immunization records are current and on file at the school my child is attending.

☐ Yes ☐ No

PHOTOGRAPHS

I give permission to JCHA and the event hosting organization, without limitation or obligation, to use photographs, film footage, or audio recordings that may include my child's image or voice for the purpose of promoting or interpreting JCHA Youth programs. I release JCHA and the event hosting organization from any liability or claims related to such use. This form may be photocopied. The information is accurate and I have read and understand the information and agree to comply with the terms outlined. My child will follow JCHA rules and regulations and adhere to the guidance provided by JCHA staff while participating in the program.

PROGRAM POLICY STATEMENT

1. All enrollment forms must be completed by the parent/guardian before a child can participate in our events.
2. If a child becomes ill while attending the event, the parent/guardian will be called and arrangements must be made to pick up the child immediately. Children may not attend with a fever over 100°, vomiting, diarrhea, or any contagious disease. Children must be fever-free for 24 hours before returning to the event. A physician's statement may be requested in certain instances.
3. When a student is to be given medication by the Y On Wheels Director, the parent/guardian must complete a medication form. Each prescribed medication must be in the original prescription bottle with the student's name.
4. As a part of the JCHA curriculum, your child may participate in outdoor activities, weather permitting. Please make sure that your child is dressed accordingly. If he/she is able to attend the JCHA event, then he/she should be well enough to go outside.

VOLUNTARY PARTICIPATION and DEPARTURE POLICY

Participation in JCHA events is entirely voluntary. All children are expected to remain at the event until its conclusion, at which point they will be released to their guardian. In the event that a child arrives to the program without a guardian,

they will be allowed to leave the event independently when it ends. If a child attends the event with a guardian, JCHA will take reasonable measures to ensure that the child leaves the event with the same guardian who brought them or other person aged 15 or older authorized by the guardian. However, if the child refuses to stay for the full duration of the program or refuses to follow the guidance of JCHA staff regarding their departure, JCHA reserves the right to contact the child's guardian and take appropriate action to ensure the child's safety, which may include requesting that the child leave the event with their guardian immediately.

If a child leaves the event without the knowledge or consent of JCHA staff, JCHA will not be held responsible for the child's actions, safety, or well-being once they have left the premises. By signing this agreement, you acknowledge and accept these policies regarding voluntary participation, departure, and JCHA's limited responsibility once a child leaves the event without proper notification.

WAIVER, RELEASE, and INDEMNIFICATION AGREEMENT

In consideration for being allowed to use and participate in the facilities, services, and programs of the Johnson City Housing Authority (JCHA), Keystone Development, and/or any organizations hosting the event(s) for any purpose—whether that be observing, using facilities or equipment, or participating in any JCHA-affiliated program, regardless of location—the undersigned, for themselves, as well as their personal representatives, heirs, and next of kin, acknowledges, agrees, and affirms that they have, or will immediately upon entering or participating, inspect and assess the premises, facilities, and any affiliated programs. By entering JCHA/Keystone Development to observe, use facilities or equipment, or participate in any affiliated program, the undersigned confirms that they have inspected and carefully considered the premises, facilities, equipment, and programs, and finds them to be safe and appropriate for the intended purpose.

In further consideration of being allowed to enter JCHA for any purpose, including but not limited to observing, using facilities or equipment, or participating in any JCHA-affiliated program, regardless of location, the undersigned agrees to the following:

THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE JCHA, Keystone Development, its directors, board members, officers, employees, hosting organizations, and agents (collectively referred to as "released parties") from any liability to the undersigned, their personal representatives, assigns, heirs, and next of kin for any loss, damage, or claims, arising from participation in the Activities, including but not limited to injury to the person or property or resulting in death, unless caused by gross negligence or recklessness of the released parties, while the undersigned is on, in, or around the premises, facilities, or equipment, or participating in any JCHA-affiliated program, regardless of location.

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY, DEFEND, AND HOLD HARMLESS the released parties, and each of them, from any loss, liability, damage, or cost they may incur due to the undersigned's presence on, in, or around JCHA premises, or while observing, using facilities or equipment, or participating in any JCHA-affiliated program, unless caused by the gross negligence or recklessness of the released parties.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE, unless caused by the gross negligence or recklessness of the released parties, while on, in, or around the premises of JCHA, or while using the premises, facilities, or equipment, or participating in any JCHA-affiliated program.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as allowed under the laws of the state of Tennessee. If any part of this agreement is found to be invalid, the remaining provisions shall continue in full legal force and effect.

WAIVER, RELEASE, & INDEMNIFICATION AGREEMENT SIGNATURES

Child's Name _____ Preferred Name _____

Date of Birth _____ ☐ Male ☐ Female

Child's Name _____ Preferred Name _____

Date of Birth _____ ☐ Male ☐ Female

Child's Name _____ Preferred Name _____

Date of Birth _____ ☐ Male ☐ Female

Child's Name _____ Preferred Name _____

Date of Birth _____ ☐ Male ☐ Female

Child's Name _____ Preferred Name _____

Date of Birth _____ ☐ Male ☐ Female

Child's Name _____ Preferred Name _____

Date of Birth _____ ☐ Male ☐ Female

EMERGENCY CONTACTS

In case of an emergency, should staff be unable to contact the parent/guardian, who do you authorize to act on your behalf?

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

I acknowledge that I have read and fully understand the policies outlined above, and I agree to comply with all terms, conditions, and guidelines set forth by JCHA. I understand my responsibilities and the expectations for both myself and my child(ren) while participating in JCHA programs and activities.

Name of Parent/Guardian _____

Address _____

Phone number _____

Signature of Parent/Guardian _____

Name of Witness _____

Signature of Witness _____

Date of Signatures _____