



# Children In Action

\$75 for 1 child & \$50 for additional siblings

Payment Plans and scholarships available

**\*PLEASE DROP FORMS OFF WITH PAYMENT AT RANGELEY FITNESS CENTER FRONT DESK \***

**CIA Schedule: Tuesday, Wednesday, & Friday from 3:00-5:00 pm.  
Registration for Session 1: October 6-December 18**

Paid: \_\_\_\_\_ Date: \_\_\_\_\_

**Childs Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Date of Birth:** \_\_\_/\_\_\_/\_\_\_ **Gender:** M  
or F

**Parent/Guardian Name:** \_\_\_\_\_  
(Print) (Signature)

**Mailing Address:**

\_\_\_\_\_  
(Street) (City/Town) (State) (Zip)

**Day/Work Phone:** \_\_\_\_\_ **Evening/Home Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Child's Shirt Size:** \_\_\_\_\_

**Photo Release**

I hereby grant the Rangeley Region Health and Wellness Partnership permission to use, reproduce, publish or distribute any photographs or videotapes of my child for use in media materials the RHWP may create.

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

**EMERGENCY CONTACT INFORMATION**

**Emergency contact #1:**  
 Name: \_\_\_\_\_  
 Physical Location: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone(s): \_\_\_\_\_

**Emergency contact #2:**  
 Name: \_\_\_\_\_  
 Physical Location: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone(s): \_\_\_\_\_

**Transportation**

I give permission for my child(ren) to be picked up by **the following person(s) listed below:**  
If my child(ren) will be picked up by someone else I will notify RRHW staff by telephone 864-3055 or written note.

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_  
Phone \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_

**\*PLEASE COMPLETE BOTH SIDES OF THIS FORM\***

**HOLD HARMLESS AND INDEMNITY AGREEMENT  
(READ THIS DOCUMENT CAREFULLY, SIGN AND RETURN WITH YOUR REGISTRATION)**

The facilities and activity programs offered by the Rangeley Region Rehabilitation and Wellness Pavilion have been developed to provide beneficial exercise and enjoyment without compromising the health and safety of those who utilize the facilities or participate in the activities. Because of the nature of the programs and equipment available in the Wellness Pavilion, there is an inherent risk of injury when taking part in any exercise activity.

I am fully aware of these risks, and realize that injuries are a possibility no matter how attentive a caregiver or counselor may be. I accept the full responsibility for any such damage or injury of any kind that may result from the action of the minor child enrolled in Rangeley's "CIA" Children In Action after school program. As a condition of being permitted to enroll my child in this program, I agree to release, hold harmless, and indemnify Rangeley Region Health and Wellness directors or staff, as I freely accept all risks of injury, death, or property damage occurring thereon as a result of the minor child's participation in the after school program.

I further agree that any claim that I may at any time bring, for any reason, against any of the above named, shall be submitted to the jurisdiction of the State or Federal Court in the State of Maine and no other jurisdiction, and shall be governed by the laws of that state.

As a parent or guardian of the participant, I acknowledge that I am authorized to sign this Agreement for the minor child named below. I agree to be bound by the Acknowledgement and Acceptance of Risks and Liability Release and hereby indemnify the above-named parties for awards, legal expenses, and settlements arising out of my minor child's participation in the activities of Rangeley's "CIA" Children In Action after school program.

In addition, the undersigned acknowledges that novel coronavirus ("COVID-19") infections have been confirmed throughout the United States, including cases within the State of Maine. In accordance with the most recent guidance and protocols issued by the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), the Maine Department of Health and Human Services for slowing the transmission of COVID-19, the undersigned hereby agrees, represents, and warrants that neither the undersigned nor such participating children shall visit or utilize the facilities, services, and programs of Rangeley Health and Wellness (other than any exclusively online services and programs) within 14 days after (i) returning from highly impacted areas subject to a CDC Level 3 Travel Health Notice, (ii) exposure to any person returning from areas subject to a CDC Level 3 Travel Health Notice, or (iii) exposure to any person who has a suspected or confirmed case of COVID-19. The undersigned hereby agrees, represents, and warrants that neither the undersigned nor such participating children shall visit or utilize the facilities, services, and programs of RRHW if he or she (i) experiences symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath, or (ii) has a suspected or diagnosed/confirmed case of COVID-19. The undersigned agrees to notify RRHW immediately if he or she believes that any of the foregoing access/use restrictions may apply.

Rangeley Health and Wellness has taken certain steps to implement recommended guidance and protocols issued by the Public Health Agencies for slowing the transmission of COVID-19, including, without limitation, the access/use restrictions set forth above. The undersigned acknowledges and agrees that RRHW may revise its procedures at any time based on updated recommended guidance and protocols issued by the Public Health Agencies and further agrees to comply with RRHW's revised procedures prior to utilizing the facilities, services, and programs of RRHW. The undersigned further acknowledges and agrees that, due to the nature of the facilities, services, and programs offered by the RRHW, social distancing of 6 feet per person among children and their caregivers in a childcare setting is not possible. The undersigned fully understands and appreciates both the known and potential dangers of utilizing the facilities, services, and programs of RHW and acknowledges that use thereof by the undersigned and/or such participating children may, despite the RHW's reasonable efforts to mitigate such dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability, and/or death.

In the event of an emergency, Rangeley Region Health and Wellness will do all in their power to reach me and/or the emergency contacts I have provided. In the event that I cannot be located immediately, my signing below authorizes Rangeley Region Health and Wellness staff to procure emergency medical attention for the child named below.

**Child's name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian name printed:** \_\_\_\_\_ **Parent/Guardian signature:** \_\_\_\_\_

**Please return all materials to: RRHW 25 Dallas Hill Road, PO Box 722, Rangeley ME 04970  
For more information contact Becca Trayner at [Becca@rangeleyhealthandwellness.com](mailto:Becca@rangeleyhealthandwellness.com)**

# Children In Action Health Survey

At Rangeley Health and Wellness Center, our Children In Action program aims to teach children healthy lifestyle habits to enhance physical and emotional health. Please help us help you by answering a few questions below. In this way, we can assess appropriately how our programs are benefiting the community. Answer the questions below to the best of your ability and comfort level. These forms will be separated from the registration form and kept anonymous. Thank you!

## Health and Safety Information

**Child's Name:** \_\_\_\_\_

**Check any that apply to your child:**

- |   |   |
|---|---|
| <input type="checkbox"/> Heart defect disease       | <input type="checkbox"/> Hay Fever            |
| <input type="checkbox"/> Asthma                     | <input type="checkbox"/> Poison Ivy           |
| <input type="checkbox"/> Lung Problems              | <input type="checkbox"/> Insect Stings        |
| <input type="checkbox"/> Diabetes                   | <input type="checkbox"/> Food/Drug Allergies: |
| <input type="checkbox"/> Convulsions                | _____   |
| <input type="checkbox"/> Seizure Disorder           | <input type="checkbox"/> Sensory preferences: |
| <input type="checkbox"/> Bleeding/clotting disorder | _____   |
| Other: _____  | Other: _____                                  |
| _____   | _____   |

**Operations or serious injury:**

\_\_\_\_\_

**Current medications:**

\_\_\_\_\_

(medications cannot be administered by staff)

**Behavioral concerns:**

\_\_\_\_\_

**Family Physician:** \_\_\_\_\_

**Telephone:**( \_\_\_\_ ) \_\_\_\_\_

If you have checked anything above, please explain below:

\_\_\_\_\_

Age: \_\_\_\_\_ Gender: M or F

Physical Activity:

How many days a week does your child engage in physical exercise? (circle one)

1-2 days    3-4 days    5-7 days

What activity/sport(s) does your child participate in when they are getting exercise?

\_\_\_\_\_

How much **recreational** screen time does your child engage in (this does not include online learning for academic purposes)?

0-2 hours a day    2-4 hours a day    4-6 hours a day    6+ hours a day

Nutrition:

How frequently does your child eat fruits and vegetables? (circle one)

- Multiple meals a day
- Once a day
- A few times a week
- Once a week
- Never

How frequently does your child eat/drink sweets and sugary beverages? (circle one)

- Multiple meals a day
- Once a day
- A few times a week
- Once a week
- Never

Emotional Health:

Do you notice a positive increase in mood when your child engages in physical activity/eats healthy meals? (circle one).      Yes              Sometimes              Never

Explain further: \_\_\_\_\_

\_\_\_\_\_

Do you notice a positive increase in mood when your child engages in activities and play with other children (school, recreational activities, etc.)? (circle one)    Yes              Sometimes              Never

Explain further: \_\_\_\_\_

\_\_\_\_\_