

PITT'S KIDS SATURDAY APPLICATION

What Is Pitt's Kids:

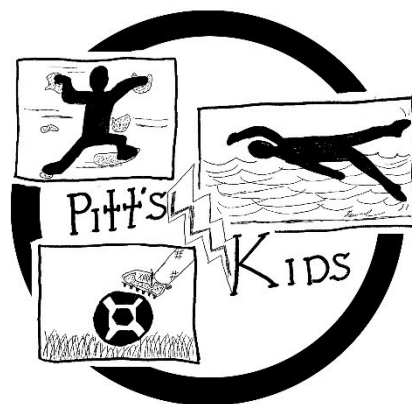
The PITT'S KIDS' program provides instruction in aquatics, games, and sports instruction to children ages 3—13 years old. *Pitt's Kids* is comprised of two parts: Games and Sports Instruction in the gym and Aquatic Instruction in the pool. All children involved participate in a variety of age-appropriate activities with a focus on progressive skill instruction. Children must be toilet trained and 3-4 year olds must have had exposure to the pool prior to the program.

Pitt's Kids Age Groups:

3yr - 6yrs: Develop movement concepts such as hand- eye, spatial, and motor patterns (throwing, catching, kicking & striking).

7yr - 8yrs: Receive game/sport skill instruction. Offerings include but not limited to throwing & catching games, sport, rock climbing, and dance.

9yr - 13yrs: Receive game/sport skill instruction. Offerings include but not limited to team Sport games, high energy dance, wall climbing, and martial arts.



Contact Information:

Kyle Kenia
140 Trees Hall
Allequippa and Darragh streets
Pittsburgh, PA, 15261
Phone: 412-648-8278
Fax: 412-648-7092
Email: krk77@pitt.edu

Swimming Levels:

Pre-level (Adapting to Aquatic Environment): Begin exploring aquatic environment. Flotation devices.

Level I (Water Exploration): For beginning swimmer with little or no experience who is comfortable holding onto the wall and using flotation devices independently.

Level II (Primary Skills): Able to submerge underwater and feel comfortable in the pool environment. Learning to swim and float short distances independently on back and belly, and longer distances with support from a flotation device.

Level III (Stroke Readiness): Able to retrieve objects underwater with eyes open, jump from the side of the pool into deep water and return to the side of the pool independently.

Level IV (Stroke Development): Able to swim 25 yards of freestyle and backstroke, dive from the side of the pool, and tread water for 2 minutes.

Level V (Stroke Refinement): Able to dive from a diving board, swim freestyle and backstroke uninterrupted for 50 yards, and breaststroke for 25 yards.

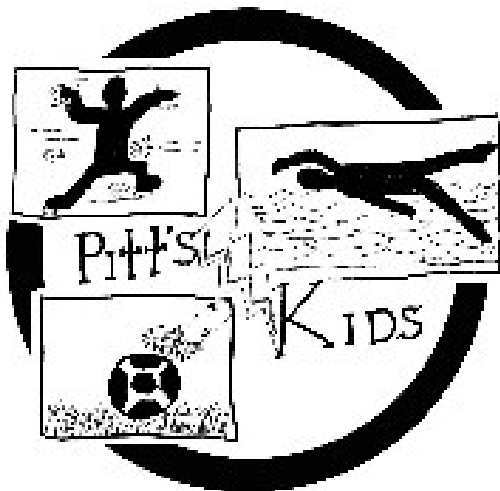
Level VI (Skill Proficiency): Proficient with all the major strokes and can swim 100 yards of freestyle and backstroke, 50 yards of breaststroke, and 25 yards of butterfly.

• INFORMATION:

- Starts Saturday Sept. 16th - Nov. 18th.
- 9:45am - 12pm
- TEN Saturdays
- Cost: \$225 and \$200 for additional child
*Scholarships are available.
- Mail/Fax in Application to Kyle Kenia *see contact info. for more details.

**PITT'S KIDS SATURDAY 2017
PROGRAM EMERGENCY CONTACT /
PARENTAL CONSENT**

CHILDS NAME	CHILDS BIRTHDATE	AGE	GRADE	SEX		
ADDRESS			SCHOOL			
SWIMMING LEVEL: *please mark one						
Pre-level	level 1	level 2	level 3	level 4	level 5	level 6
PARENT NAME/LEGAL GUARDIAN COMPLETING FORM & MAIN CONTACT			RELATIONSHIP TO CHILD			
ADDRESS		CITY	ZIP CODE			
HOME PHONE	CELL PHONE	WORK PHONE	E-MAIL			
ADDITIONAL PARENT NAME/LEGAL GAURDIAN			RELATIONSHIP TO CHILD			
ADDRESS		CITY	ZIP CODE			
HOME PHONE	CELL PHONE	WORK PHONE	E-MAIL			
Does your child have friends that they would like to be with in camp?						



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EMERGENCY CONTACT PERSON(S) Other than Parents
NAME:

Phone #:

CHILDS MEDICAL INFORMATION:

My/our child is under medical care for the following pre-existing injury, illness or condition at the time of the activity.

My/our child has had the following surgeries, illnesses or significant injuries within the past 12 months for which he/she was or is under medical care:

At the time of the activity, my/our child takes the following medications:

At the time of the activity, my/our child has the following allergies (including food, medicine, environmental, etc.) (List, with reaction, where applicable)

At the time of the activity, my/our child has the following dietary needs or restrictions:

Will your child be bringing any medications to the activity? Is your child capable of taking his/her medication as directed?

INSURANCE CARRIER:

POLICY NUMBER:

POLICY HOLDER'S NAME:

SPECIAL DISABILITIES (IF ANY):

Additional Special Needs Information of Child:

MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION: MEDICAL, SPECIAL CONDITIONS:

The signature designates that the parent and/or guardian of _____ a minor, hereby gives the Staff Student Nurse Permission to provide medical treatment for my son/daughter in case of illness or an accident while enrolled in the sponsored University of Pittsburgh's PITT'S KIDS Program.

PRINT NAME OF PARENT OR GUARDIAN

SIGNATURE OF PARENT OR GUARDIAN

DATE

WITNESS

University of Pittsburgh

*School of Education
Department of Health and Physical
Activity*

140Trees Hall
Pittsburgh, PA 15261
412-648-8320
Fax: 412-648-7092

RELEASE

This is a legally-binding Release, Waiver, Discharge and Covenant Not to Sue made by me/ us to the University of Pittsburgh - Of the Commonwealth System of Higher Education ("University") and to others.

It is my/our minor child's desire to participate in the University's Community Leisure Learn Program in, around and/ or at the University's Trees Hall, Pittsburgh, PA (the "Facility") from, September 16th, 2017 through November 18th, 2017 (the "Activity"). I/We understand the Activity will consist, generally, of my/our child, _____[print minor's name], receiving instruction and participating in swimming, various sports, rock climbing, dance, martial arts, racquetball and/ or other physical activities.

I/ We fully recognize that there are dangers and risks to which my/ our child may be exposed by voluntarily participating in the Activity. Examples of these dangers and risks are injuries or conditions including, without limitation, damage to bone, muscle, nerve and/ or soft tissue, lacerations, abrasions, contusions, fractures, concussion, aggravation of pre-existing conditions, heart complications, heart attack, as well as other injuries or conditions, up to and including serious physical injury or impairment or loss of life. I/ We appreciate the character of the risk taken and, on behalf of my/our child, voluntarily assume all risk of harm. I/ We understand that the

University does not require my/ our child to participate in the Activity, but I/we want him/ her to do so, despite the possible dangers and risks and despite this Release.

I/ We therefore agree to assume and take on myself / ourselves all of the risks and responsibilities in any way associated with his/ her participation in the Activity. In consideration of and return for the opportunity to participate in the Activity and for the services, facilities, equipment or other things provided to me/ us or my/ our child by the University, I/WE HEREBY RELEASE THE UNIVERSITY(AND ITS DIRECTORS, TRUSTEES, OFFICERS, PARTNERS, PRINCIPALS, EMPLOYEES, STUDENTS, CONTRACTORS, VOLUNTEERS AND AGENTS) (COLLECTIVELY THE "UNIVERSITY RELEASEES") FROM ANY AND ALL LIABILITY, CLAIMS AND ACTIONS THAT MAY ARISE FROM INJURY OR HARM TO MY/OUR CHILD, UP TO AND INCLUDING DEATH, AND FROM DAMAGE TO HIS/HER PROPERTY, IN CONNECTION WITH PARTICIPATION IN THE ACTIVITY. I/WE UNDERSTAND THAT THIS RELEASE COVERS LIABILITY, CLAIMS AND ACTIONS CAUSED ENTIRELY OR IN PART BY ANY ACTS OR FAILURES TO ACT OF THE UNIVERSITY RELEASEES, INCLUDING BUT NOT LIMITED TO NEGLIGENCE, MISTAKE OR FAILURE TO SUPERVISE.

I/ We recognize that this Release means I/ we are giving up, among other things, rights to sue the University Releases for injuries, damages or losses I/ we may incur. I/ We also understand that this Release binds my/ our heirs, executors, administrators and assigns, as well as myself / ourselves.

I/We recognize that this Release means I/we are giving up, among other things, rights to sue the University Releases for injuries, damages or losses I/we may incur. I/We also understand that this Release binds my/our heirs, executors, administrators and assigns, as well as myself/ourselves.

Further, I/we agree to defend, indemnify and hold harmless the University Releases from and against any claim, damage, liability, injury, expense or loss, including but not limited to, reasonable attorney fees, by reason of any suit, claim, demand, judgment or cause of action, initiated by my/our child, or any other person, arising out of my/our child's participation in the Activity.

I/We assure the University that, to the best of my/ our knowledge, information and belief, my/ our child is physically able to participate in the Activity without any undue or unusual risk to him/ her or to others. I/We acknowledge that the University has recommended that my/our minor child consult with, and have a physical examination conducted by, a physician before he/she engages in the Activity.

I/We understand and agree that the University may need to respond to accidents or emergency situations that may occur. Therefore, I/we hereby give my/ our consent to the administration of any and all medical treatment of my/ our child the University deems necessary resulting from his/her participation in the Activity, with the understanding that the costs of any such treatment will be my/our responsibility. I/We have full authority to make and to delegate decisions regarding my/our child's health. I/We have completed the medical information below correctly to the best of my/ our ability, have not omitted any information necessary for proper care and I/we authorize the University to release that and other relevant information about my/ our child to authorized representatives of the University, and to medical professionals to the extent necessary for treatment of my/our child.

Finally, I/we authorize the University to allow my/ our child to depart from the Facility at the conclusion of each day of the Activity with any or all of the following individuals and no others:_____ [print name(s)]. I/ We understand and agree the University may require such individual(s) to produce photo identification satisfactory to the University before releasing my/ our child to such individual(s). I/ We are at least eighteen years of age and have read this entire Release. I/We fully understand it and I/we agree to be legally bound by it. THIS IS A RELEASE OF YOUR RIGHTS. READ CAREFULLY BEFORE SIGNING.

Signature

Signature

Printed Name

Printed Name

Date

Date

Witness

Witness

RECORDING RELEASE

I/We hereby authorize the University of Pittsburgh - Of the Commonwealth System of Higher Education ("University") and its trustees, officers, employees, contractors, agents, volunteers, assigns and/ or others to photograph, videotape, audiotape and/ or otherwise record the voice, name, likeness and/ or image of my/ our minor child _____ [print minor's name] (hereinafter collectively referred to as "Recordings") before, during and/ or after his/her participation in the University's Community Leisure Learn Program in, around and/ or at the University's Trees Hall, Pittsburgh, PA, from September 16, 2017 Through November 18, 2017; to display his/her voice, name, likeness and/ or image on and in all such Recordings and to use such Recordings for the University's purposes at any time and in any way without notice to me/ us or my/ our child, in the sole discretion of the University.

I/We further understand and agree that, as between the University and me/ us and as between the University and my/ our child, the University shall have and retain all worldwide rights of ownership, distribution and use of Recordings (in all forms, including without limitation negatives, positives, digital and other forms), and I/ we may not reproduce, distribute or use, at any time or in any way, commercial or otherwise all or any portion of the Recordings without the University's prior written consent. I/ We agree that I/ we will assist the University, as needed, in registering intellectual property rights in any of the Recordings or other materials upon request.

I/ We understand and agree that I/we and my/ our child will not be entitled to any payment of any kind for any use of my/ our child's voice, name, likeness and/ or image or the described Recordings.

I/ We hereby release and discharge the University, its successors, assigns, licensees and its and their trustees, officers, employees, agents, contractors, volunteers, assigns and representatives from any claims, liability, or results caused by the use of the said Recordings as provided herein.

I/ We agree that this Authorization and Release shall be governed and construed by the laws of the

Commonwealth of Pennsylvania. I/ We are at least eighteen years of age and have read this entire Release. I/We fully understand it and I/we agree to be legally bound by it.

THIS IS A RELEASE OF YOUR RIGHTS. READ CAREFULLY BEFORE SIGNING.

Signature

Printed Name

Date

Witness

Signature

Printed Name

Date

Witness

Permission to Pick Up/Transport Child Form

Child's Name:

Child's Name:

Child's Name:

Parent's Name:

Parent's Phone Number: _____

Emergency Phone Number: _____

(Not the same phone number as above)

Authorized Signers (Including Parents)

Adult's Name	Phone Number	Address	Relationship to Child

Individuals who are **not** to pick up/transport my child(ren):

<u>Adult's Name</u>			

Parent's Signature: _____ Date: _____