

**The Sports Classes**  
**ContactPoint, Druid Hills**

1200 Ponce de Leon Ave  
Atlanta, GA 30306

[ATLCP.org](http://ATLCP.org)

404-423-3090



Monday	Basketball/Multi-sport
Tuesday	Floor Hockey/ Multi-sport
Wednesday	PLAY DAY/ Multi-sport
Thursday	Tennis/ Multi-sport
Friday	PLAY DAY/ Multi-sport

Classes are from 2:30-5:00

Single day/week \$86/month  
Two days/week \$172/month  
Three days/week \$240/month  
Four days \$320/month  
Five days \$400/month

August 8<sup>th</sup>-December 16<sup>th</sup>

**The Sports & Enrichment Classes**  
**ContactPoint, Druid Hills 2015-16**

Child's Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_  
Sex \_\_\_\_\_

Home Address

\_\_\_\_\_

(City, State, Zip Code)

**Parent #1:**

Name \_\_\_\_\_  
Home Address (if different than above) \_\_\_\_\_

\_\_\_\_\_

Home Phone # \_\_\_\_\_  
Cell Phone # \_\_\_\_\_ Work # \_\_\_\_\_  
Email Address \_\_\_\_\_

**Parent #2:**

Name \_\_\_\_\_  
Home Address (if different than above) \_\_\_\_\_

\_\_\_\_\_

Home Phone # \_\_\_\_\_  
Cell Phone # \_\_\_\_\_ Work # \_\_\_\_\_  
Email Address \_\_\_\_\_

Pediatrician Name and  
Number \_\_\_\_\_

Emergency Contacts: Name/phone numbers:

\_\_\_\_\_

\_\_\_\_\_

Known Allergies/Medical  
Conditions: \_\_\_\_\_

\_\_\_\_\_

Medications

\_\_\_\_\_

## **PARENTAL AGREEMENT and Policies**

1. The ContactPoint, Druid Hills agrees to provide sports classes for

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2. Before any medication is dispensed to my child, I will provide a written authorization that includes date, name of child, name of medication, prescription number (if any), dosage, and date and time medication is to be given. Medicine must be in the original container with the child's name clearly displayed. This authorization is good for 2 weeks. Medication administration for longer than 2 weeks requires a Doctor's authorization with the same information included.

3. My child will not be allowed to enter or leave the facility without being escorted by the parent(s), ContactPoint, Druid Hills staff or other person authorized by the parent.

4. I acknowledge that it is my responsibility to keep my child's records current and will inform ContactPoint Druid Hills of any significant changes such as telephone numbers, work location, emergency contacts, child's physician, child's health status, immunization records, etc.

5. ContactPoint Druid Hills agrees to keep me informed of any accidents and incidents including illnesses, injuries, and adverse reactions to medications, exposure to communicable diseases and any other accidents/incidents that involve my child.

6. I have received a copy of the policies and procedures for ContactPoint, Druid Hills and agree to abide by them.

7. Discipline Policy: Children will be made aware of the rules and guidelines for behavior and the consequences for not following them.

The following outlines a list of consequences which leaders are permitted to use when dealing with a participant displaying inappropriate behavior. Staff will need to use their own discretion and common sense when disciplining a child. The discipline measure must be fair and correspond with the severity of the misbehavior. 1. First Incident – 3 Verbal Warnings: child has been explained to them what they did wrong and appropriate behavior is expected. 2. Second incident – 10 Minute Time out: Leader removes a participant from the activity. 3. Third incident – meeting with the camp director

Should a child need to be spoken to 4 or more times in a day or behave in a drastic nature, a phone call or an email will be sent to notify parents.

Children who threaten the safety of themselves or others will be asked to leave the class. The Athletic Director will be made aware of students dismissed from classes.

## Pick-Up Authorization

We are required to have a list of all people who have permission to pick up your children from ContactPoint, Druid Hills. Please list below all people who might be picking up your child including their phone numbers. This list will be kept in your child's file and can be updated at any time.

My child, \_\_\_\_\_, has permission to be picked up by the following people from ContactPoint Druid Hill. I acknowledge, and will inform each person listed below, that my child must be **signed out** and escorted from ContactPoint, Druid Hills facility by an authorized person. I/we have never met that person will be asked to prove identity.

Signature of Parent or Guardian

\_\_\_\_\_

Date

1. \_\_\_\_\_  
Name/phone number/relationship to child

2. \_\_\_\_\_  
Name/phone number/relationship to child