

Reminderville Athletic Club Latchkey Program
City of Reminderville Recreation Center
3100 Glenwood Blvd.
Reminderville, Ohio 44087

2025-2026 School Year	Rate
6:30 a.m. Drop off	\$200.00/Month <i>Fees Prorated: August \$120 December and April: \$150</i>
6:00 p.m. Pick up	\$275.00/Month <i>Fees Prorated: August \$175 December and April: \$210</i>

Registration:

To sign up you must complete all forms either online or in person to the Reminderville Athletic Club, 3100 Glenwood Blvd. during registration dates below.

A non-refundable registration fee of \$25.00 is needed to guarantee your child a spot in the program.

To be eligible, children must enter grade K – 6th for Twinsburg School District and K- 5th Aurora School District 2025-2026 school year.

Enrollment for the 2025-2026 school year begins Wednesday, May 14, 2025 –Friday, August 1, 2025, during regular business hours. Space is limited. If the program reaches full capacity, a waitlist will be created.

Visit our website at www.remindervillerc.com to view the Latchkey Program Handbook under the Latchkey tab. Latchkey forms and registration are available on our website under the 'Latchkey' tab. Latchkey checks payable to **CITY OF REMINDERVILLE**.

Online Registration Instructions:

1. Visit remindervillerc.com OR Scan the QR Code to the right and follow the prompts to create an account and to complete registration. →
2. Click the Latchkey tab if visiting our website →" Find and Click "Online Activity Registration"
3. Login /Create an Account
4. Click "Register" → "Program Activities" → "Open Latchkey Fee" → Follow the prompts
5. Make sure to include both parents/guardians and child's information when creating the account



Reminderville Latchkey Program 2025-2026 Registration Form

Child Name _____ Child's Gender - _____

Home Address _____

Date of Birth _____ Age _____ **Select-** AM ONLY / PM ONLY / Both AM and PM

Home Email Address _____

Primary Phone Number _____ Grade in Fall _____

School District: Select – Twinsburg Schools / Aurora Schools

School Name (Twinsburg) – Wilcox / Bissell / Dodge | **School Name (Aurora)** – Leighton / Craddock / Miller

Mother/Guardian Name _____

Address _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ Email _____

Staff Only* (Verified parent/guardian's contact information is correct in the system)

Staff Name:

Date:

Father/Guardian Name _____

Address _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ Email _____

Staff Only* (Verified parent/guardian's contact information is correct in the system)

Staff Name:

Date:

Health

Any Allergies? _____

Any difficulty hearing, speech or vision? _____

Anything Latchkey Staff should be aware of? _____

**Please note that the Reminderville Athletic Club staff are not permitted to provide or administer any medication to your child. No child shall be in possession of any medication for any reason at any time while attending any RAC programming. If there is medication that needs to be given to your child, the parent/guardian of the child may administer the medication to them outside of programming areas.*

Emergency Information

Purpose: To enable parents/guardian to authorize the provision of emergency treatment for children who become ill or injured. The information requested is especially important if you cannot be reached or if you are out of town.

**Please note that an Emergency Medical Authorization Form will be given to each parent/guardian to complete when school /program begins.*

Persons authorized to pick up my child		
1. Name _____	Phone () _____	Relationship _____
2. Name _____	Phone () _____	Relationship _____
3. Name _____	Phone () _____	Relationship _____

Are there any persons who may not pick up your child? <u>Select:</u> Yes / No
<i>*If selected yes – the Recreation Manager may reach out to discuss arrangements if necessary</i>

To Grant Consent		
In the event that reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the transfer of my child to any hospital reasonably accessible and the administration of any treatment deemed necessary by a licensed physician or dentist. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity for each surgery are obtained prior to the performance of such surgery.		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">Signature of Parent/Guardian _____</td> <td style="width: 40%; border: none;">Date _____</td> </tr> </table>	Signature of Parent/Guardian _____	Date _____
Signature of Parent/Guardian _____	Date _____	

In consideration of your accepting myself, my child or my family's entry, I hereby, for myself, my child and my family, waive and release any and all rights and claims for damages we may have against the City of Reminderville, their representatives, successors and assigns for any and all injuries suffered by myself, my child or my family in any activity sponsored by these groups. I do hereby grant and give these groups the right to use myself, child or family in photographs or images with or without myself, my child or family's name, both single and in conjunction with other persons or object for the purpose of advertising and publicity only. I warrant that I have the right to authorize the foregoing uses and do hereby agree to hold the City of Reminderville harmless of and from any and all liability of whatever nature which may arise out of or result for such uses.

ASSUMPTION OF RISK AND WAIVER OF LIABILITY

In consideration of use of the RAC as provided in the Agreement, User, on behalf of any/all person(s) included in the Agreement, agrees to assume all risks involved in use. User understands that an inherent risk of exposure to COVID-19 exists in any public place where people are present or have been present. User acknowledges that COVID-19 is an extremely contagious disease that can lead to severe illness and death. User voluntarily assumes all risks related to exposure to COVID-19, on behalf of User, any/all persons included in the Agreement, his/her/their heirs, executors, administrators, and assigns. User, on behalf of any/all person(s) included in the Agreement shall comply with CDC guidelines and Responsible Restart Ohio requirements (Exhibit A), and as may be subsequently amended. User acknowledges and understands that failure to comply will result in termination of his/her/their use of the RAC.

In consideration of use of the RAC as provided in the Agreement, on behalf of User, any/all person(s) included in the Agreement, his/her/their heirs, executors, administrators, and assigns, User does hereby release, discharge, indemnify, and hold harmless the City, its officers, employees, agents, and assigns from any and all liability, claims, costs, expenses, injuries, damages and/or losses User may sustain as a result of participation in the Agreement and use of the RAC.

USER: _____ DATE: _____