

CHILD'S NAME _____

ADDRESS _____

PHONE _____ AGE _____ BIRTHDATE _____ GRADE IN FALL _____

PARENT/ LEGAL GUARDIAN

PHONE # _____

WORK # _____

CELL # _____

EMAIL _____

SECOND PARENT/ LEGAL GUARDIAN

PHONE # _____

WORK # _____

CELL # _____

EMAIL _____

PHYSICIAN'S NAME _____ PHYSICIAN'S PHONE # _____

LIST SPECIAL HEALTH PROBLEMS, WHICH THE INSTRUCTOR SHOULD BE AWARE OF, SUCH AS PHYSICAL LIMITATIONS, ALLERGIES, ASTHMA, FEARS, CARSICKNESS, ETC.

SPECIAL INSTRUCTIONS - If your child requires medication during the program, please request the medical dispensing form.

PERSONS IN COMMUNITY TO NOTIFY IN CASE OF EMERGENCY OR ILLNESS OTHER THAN PARENTS:

NAME _____ PHONE # _____

NAME _____ PHONE # _____

My child will be discharged to the following:

NAMES AND PHONE NUMBERS OF PERSONS WHO MAY PICK UP CHILD OTHER THAN PARENT/LEGAL GUARDIAN

1. _____

2. _____

3. _____

I give Itasca Park District Staff permission to release _____ (Child's Name)

All above listed individuals (including parents or legal guardians) must provide upon request a photo I.D. during the time of sign in/out.

_____ (Parent/Legal Guardian Signature) (Date)

The ITASCA PARK DISTRICT will NOT assume responsibility for accidents or injuries incurred at any program or on park property. It is recommended you review your personal insurance policies for coverage during leisure activities.

TO WHOM IT MAY CONCERN _____ Parent/Guardian Initials

As parent and/or legal guardian, I do herewith authorize treatment by qualified and licensed medical doctor for my son/daughter in the event of a medical emergency, which in the opinion of the attending physician may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a responsible effort has been made to reach me.

GENERAL PERMISSION SLIP _____ (Parent/Guardian Initials

I hereby waive for my child and myself the right to assert any claims arising out of injury to the child due to participation in, preparation for, or travel to and from any recreation program, sport or activity. I acknowledge that participation in the sport or activities authorized comes with certain risks and are hereby assumed. I relinquish any right, which my child or I might otherwise have for payment of medical costs or other losses beyond whatever insurance I may have.

AUTHORIZATION FOR MEDICAL TREATMENT _____ Parent/Guardian Initials

As a parent and/or guardian, I authorize that in a medical emergency regarding my minor child, that the local emergency medical service be contacted. If, as determined by the local emergency medical service, my child need immediate care and needs to be transported to an emergency care center, I authorize treatment and transportation. If in the opinion of the attending physician at the emergency care center that further treatment is necessary, I authorize the treatment of my child. I recognize the time is important during an emergency situation and I authorize emergency medical treatment of my child. However, a reasonable effort should be made to contact myself and/or if needed, the alternate emergency contacts listed below. I declare that I exercised my own judgment in deciding whether to sign this agreement and I further declare that my decision to sign was not based on or influenced by any declarations or representations of the Itasca Park District or its employee’s agent or instructors. In addition, I agree that I will be responsible for payment for any and all medical services provided.

GENERAL WALKING PERMISSION _____ Parent/Guardian Initials

My child has permission to take short walks off site property with the Itasca Park District staff as part of their activities. The walks will stay within the immediate area of the Park District boundaries. This permission is given for the entire program. Further information regarding locations of walks will follow.

FIELD TRIP PERMISSION _____ Parent/Guardian Initials

My child has permission to participate in field trips as arranged and supervised by the Park District staff. In consideration for the right to participate in this activity, I hereby release the Itasca Park District programs from any claim for liability or any cause of action with the exception of gross negligence and intentional tort arising from my child’s use of and participation in. The staff will notify parents in advance of any field trips.

PHOTO RELEASE PERMISSION

We will be taking pictures of children frequently for ongoing projects. With your initials here, you agree to allow publication of any photos taken at any program, event, or facility for the Itasca Park District.

Do we have permission to photograph your child? (Please circle response) YES NO _____ Parent/Guardian Initials

How would you rate your child’s swimming ability? (Teen Travel, Adventure, Butterflies & Summer School ONLY): Please check one:

- Red-inexperienced, allowed only in family interactive pool and main pool zero-depth
- Yellow-some experience, allowed up to 3ft 6in depth and allowed in The Vortex and flume slides (as long as 48in)
- Green - experienced, allowed in all areas of the pool including the dive well (as long as 48in)

LOST, DAMAGED OR STOLEN ITEMS _____ Parent/Guardian Initials

The Itasca Park District is not responsible for any items that are lost, damaged, or stolen while at camp. We encourage all parents to label their child’s belongings. Bringing cell phones, I-Pods, DS, or other more expensive items is strongly discouraged.

REFUNDS, PRORATED FEES _____ Parent/Guardian Initials

Refunds or pro-rated fees will not be granted if a camper misses camp, no exceptions! If your child is not enjoying his/her experience or has medical concerns and you would like to pull him/her out for the remainder of the session/summer, please contact the Park District front desk at 630-773-2257.

I have read, understand, and initialed all the above information.

(Parent/Legal Guardian Signature)

(Parent/Legal Guardian Print Name)

(Date)