



SI VIEW METROPOLITAN PARK DISTRICT
2012 PROGRAM ENROLLMENT FORM

Program Name: _____ Program Dates: _____

Child's Name _____ Birthdate _____ Sex _____ Age _____ School _____
Last First MI

Address _____ City _____ Zip _____

Home Phone Number _____ Email Address _____

Parent/Guardian Authorized to pick-up Child Parent/Guardian Authorized to pick-up Child
(Circle best phone # to reach you) (Circle best phone # to reach you)
Name _____ Name _____
Work Phone _____ Work Phone _____
Cell Phone _____ Cell Phone _____
Home Phone _____ Home Phone _____

List any additional persons authorized to pick up child: (Please Print)
Name (First & Last) Phone Relationship
1. _____
2. _____
3. _____

Emergency Contact Other than Parents: (Please Print)
Name (First & Last) Phone Relationship
1. _____

Medications Taken (Must have form on File) _____
Does your child have any allergies? If so, please list _____
Limitations to participation? _____
Additional Information about your child/Swimming Ability: _____

LIABILITY RELEASE FORM
SI VIEW METROPOLITAN PARK DISTRICT 2012

PARTICIPATION AUTHORIZATION
I give permission for my child to participate in activities, field trips, swimming, and to be transported as authorized by the Si View Metropolitan Park District.

AGREEMENT, WAIVER AND RELEASE
In consideration for being permitted by the above District to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages, personal injury, death or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the above District (its officers, employees, and agents) from any and all liability arising out of or connected in any way, with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks, I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activity.

CONSENT TO TREATMENT OF MINOR
I hereby give permission that the above named participant may be given emergency treatment, to include First Aid and CPR by a qualified staff member. I also give permission for the above named participant to be transported by ambulance, treated by aid car personnel and/or transported to an emergency center for treatment.

In the event that I cannot be contacted, I further authorize and consent to the administration of any and all medical, dental, and surgical examinations or operations and treatment or all other related care, including the administration of drugs, tests, injuries anesthesia, and/or blood transfusions to the above named minor person that may be ordered by the physician and/or dentist in attendance at the medical center deemed necessary for emergency treatment. I hereby consent to the release of medical reports to any doctor or agency and consent to the admission of the above named minor person to the hospital.

I certify that I am the parent or legal guardian of the above mentioned participant and that I have authority to authorize such treatment.

FAMILY PHYSICIAN _____ **PHONE NUMBER** _____
Pertinent medical history information (Epilepsy, Diabetes, Allergies, etc.) _____

Administration of medication to a child while at our facility must be accompanied by a written medication instruction form from the pharmacist. All medication must be in the original container with the child's full name, date of purchase, and correct dosage.
An additional Medicine Administration Form must be on file through the main office.

INSURANCE

It is the responsibility of every individual, their parent or legal guardian to provide their own accident and health coverage while participating in all Si View Metropolitan Park District programs activities. I understand and agree that Si View Metropolitan Park district is not responsible for any charges related to emergency medical service provided as described above.

PHOTOGRAPHY

I hereby consent to and grant the Si View Metropolitan Park District the right to use my name, voice, signature, photograph, or likeness for any lawful purpose. I understand that Si View Metropolitan Park District may, at its discretion, photograph me and/or make recordings of my voice, an/or reproduce my physical likeness as it may appear in any still camera photograph and/or motion picture film or video tape and/or recordings of my voice for use in connection with any exhibition, promotional activity, advertisement and broadcast, on television and any motion picture film or video tape. My name, voice, signature, photograph, or likeness may be used or incorporated for an unlimited period of time. I further understand and acknowledge that I have no right to any compensation for the use of my name, voice, signature, photograph, or likeness.

DISCRIMINATION STATEMENT

The Si View Metropolitan Park District does not discriminate based on race, creed, color, ethnicity, national origin, sex, age, marital status, or sexual preference.

CPS STATEMENT

The Si View Metropolitan Park District is mandated to report all suspected and visual signs of child abuse or neglect to the Department of Social Health Services division of Child Protective Services.

This waiver will stand correct and complete until an updated waiver is signed and dated. By enrolling in reoccurring activities offered by the Si View Metropolitan Park District, I agree that the information contained on this waiver is current and correct, and will represent that participant in the current activity. When this information is no longer correct, it is my responsibility to complete a new waiver with the correct information.

I agree to comply with all facility and program rules and regulations established by the Si View Metropolitan Park District.

PARENTAL CONSENT (To be completed if participant is under 18 years of age.)

I hereby consent that my son/daughter _____, participate in the above activity, and I hereby execute the above Agreement, Waiver and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of the death or any injury or property damage that said minor may sustain while participating in said activity

I CERTIFY AND REPRESENT THAT I HAVE READ THE FOREGOING AND FULLY UNDERSTAND THE MEANING AND EFFECT THEREOF.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date