

# SI VIEW METRO PARKS CAMP LITTLE SI 2008 PROGRAM ENROLLMENT

(Circle) Week Enrolled: 1 2 3 4

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
Last First M

Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Lives With \_\_\_\_\_

Email Address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Authorized to pick-up Child \_\_\_\_\_ Yes/No \_\_\_\_\_ (Circle best phone # to reach you)

Name \_\_\_\_\_ Place of Employment \_\_\_\_\_

Work Phone \_\_\_\_\_ Direct Line \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Authorized to pick-up Child \_\_\_\_\_ Yes/No \_\_\_\_\_

Name \_\_\_\_\_ Place of Employment \_\_\_\_\_

Work Phone \_\_\_\_\_ Direct Line \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

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? \_\_\_\_\_

Swimming Ability \_\_\_\_\_

Suggestions for Discipline \_\_\_\_\_

Additional Information about your child \_\_\_\_\_

**LIABILITY RELEASE FORM**  
**SI VIEW METROPOLITAN PARK DISTRICT 2008-2009**

Child's Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

**AUTHORIZATION OF ACCEPTANCE**

I hereby give permission for \_\_\_\_\_ to attend and participate in the above Si View Metropolitan Park District Programs.

**MEDICAL TREATMENT**

I hereby give permission that my child may be given emergency treatment, to include First Aid and CPR by a qualified staff member. I also give permission for my child 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 child and that I have authority to authorize such treatment.

**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.

**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.

**MEDICATION POLICIES**

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. Nonprescription drugs will only be administered for one day only without authorization of a physician in writing.

Physician \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parks and Recreation Staff \_\_\_\_\_ Date \_\_\_\_\_

Medication \_\_\_\_\_ RX Number \_\_\_\_\_

Instructions for Medication \_\_\_\_\_

**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.

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

By signing the above, I hereby waive and release any and all rights and claims that may be had or might arise against Si View Metropolitan Park District Program, rental agencies, agents, or representatives for any and all losses suffered while competing in or in connection with the programs sponsored or co-sponsored by Si View Metropolitan Park District. The Si View Metropolitan Park District is not responsible for any personal articles lost or stolen. I also allow photographs to be taken during Parks and Recreation activities to be used in the promotion of future Park District Programs.