

SI VIEW METRO PARKS

CAMP SI VIEW 2008 PROGRAM ENROLLMENT

(Circle) Week Enrolled: 1 2 3 4 5 6 7 8 9

Child's Name _____ Birthdate _____ Sex _____ Grade Entering _____ 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 _____ (Circle best phone # to reach you)
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.