



CRYSTAL LAKE PARK DISTRICT
An LAPD/IPRA Distinguished Agency

GRAND OAKS DAYCARE EMERGENCY FORM

CLASS CODE _____
DAYS ATTENDING _____
TIME ATTENDING _____
START DATE _____

Child's Name: _____ (First) _____ (Last) Nickname: _____

Home Address: _____ (Street) _____ (City) _____ (Zip)

Home Telephone Number: _____ Birthdate: _____ Male ___ Female ___

Mother's Information:

Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Employed By: _____

Address: _____ (Street) _____ (City) _____ (Zip)

E-mail Address: _____

Parents Marital Status: Married/Single/Divorced

Names of people permitted to pick up my child:

Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Physician Information:

Name: _____

Address: _____

Hospital: _____

Father's Information:

Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Employed By: _____

Address: _____ (Street) _____ (City) _____ (Zip)

E-mail Address _____

Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Phone: _____

City: _____ Zip: _____

City: _____ Zip: _____

Special Information: (Needs/Habits/Allergies/Medical) _____

I give permission for my child's picture to be used in advertisements for the
Crystal Lake Park District. Yes ___ No ___

Parent/Guardian Signature: _____ Date: _____

(Please sign authorization for emergency medical treatment and program waiver on reverse side)

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

As a parent and/or guardian, I do herewith authorize first aid care by a Crystal Lake Park District staff member and/or appropriate medical treatment by a qualified and licensed medical doctor of the following minor 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.

Name of Minor: _____ Relationship _____

Name of Minor: _____ Relationship _____

School Year: _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed: _____ Date _____

DAY CARE PROGRAM WAIVER & RELEASE OF ALL CLAIMS & ASSUMPTION OF RISK

IMPORTANT INFORMATION - The Crystal Lake Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Crystal Lake Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK - Recreational activities are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity. All hazards and dangers cannot be foreseen. Depending on the particular activity, certain risks, dangers and injuries may exist due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and other risks inherent to the particular activity. In this regard, it is impossible for the Crystal Lake Park District to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK - Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Crystal Lake Park District including its officials, agents, volunteers and employees.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature. PARTICIPATION WILL BE DENIED if the signature of adult participant or parent/guardian and date are not on this waiver.

I have read and fully understand the above Preschool Program details and Waiver and Release of All Claims.

Signature _____
Mother/Father/Legal Guardian

Date _____