

# BOLINGBROOK PARK DISTRICT

## 2018-2019 School Year

### REACH Extended Care Registration Form



Head of Household Name \_\_\_\_\_ Date \_\_\_\_\_

Child(ren) Name(s) \_\_\_\_\_

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

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

Mother Name & Cell # \_\_\_\_\_ Father Name & Cell # \_\_\_\_\_

We invite registrations by people with disabilities. If you need assistance to participate, please mark an "x" in YES box.  YES  NO

<u>CHILD'S NAME</u>	<u>CODE</u>	<u>PROGRAM / DAY OPTION</u>	<u>BIRTH DATE</u>	<u>STUDENT'S GRADE</u>
<b>EXPECTED START DATE:</b>		<b>SCHOOL:</b>		

The Bolingbrook 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 Bolingbrook 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 Bolingbrook 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 have read and fully understand Program Details and Waiver and Release of all claims.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BOLINGBROOK PARK DISTRICT**  
**REACH EXTENDED CARE**  
**EMERGENCY MEDICAL TREATMENT RELEASE FORM**

In case of medical emergency, and you are unable to grant verbal permission for your child to be treated, we request that this form be completed. Naturally, we are hopeful that this permission will not be needed, but illness and accidents sometimes do occur. We will make every effort possible to contact you before taking action; but if an emergency room or hospital care is required, this permission is necessary. Should illness or injury require treatment beyond the camp counselors training, I give permission to the Bolingbrook Park District to call a physician or have my child taken to a hospital and treated if I cannot be contacted. I will assume financial responsibility for this.

Father Name: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Work Number \_\_\_\_\_

Mother Name: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Work Number \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Medical Conditions (i.e. asthma): \_\_\_\_\_

List of Current Medications: \_\_\_\_\_

\*\* If REACH staff are required to dispense medicine while the child is at REACH, the proper paperwork must be filled out and given to your Site Supervisor \*\*

Allergies to Medications: \_\_\_\_\_

Additional Information about Child(ren): \_\_\_\_\_

Medical Insurance Provider & Policy Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Dr. Phone Number: \_\_\_\_\_

I, the parent/guardian of \_\_\_\_\_ do give permission for all necessary medical treatment for my child while at REACH.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Contacts / Authorized Pickup Individuals (other than legal guardians listed on front page)**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ (work or cell number)
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ (work or cell number)
3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ (work or cell number)
4. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ (work or cell number)
5. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ (work or cell number)
6. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ (work or cell number)