

St. Charles Parks & Recreation Department  
**DAY CAMP CONSENT/WAIVER FORM**

Today's Date: \_\_\_\_\_

**PLEASE PRINT**

Participants Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone \_\_\_\_\_ Mother Contact \_\_\_\_\_  
(Name) (Work phone)

Father Contact \_\_\_\_\_  
(Name) (Work phone)

Emergency Contact \_\_\_\_\_  
(Name) (Home phone) (Work phone)

Doctor \_\_\_\_\_ Hospital Preference \_\_\_\_\_  
(Name) (Phone)

Medication \_\_\_\_\_

Allergies \_\_\_\_\_

Medications are to be held by the Day Camp staff, and, we will remind your child to take medications if we are made aware of dosages and times.

Does your child need accommodations (ie. sign language interpreters, accessible facilities, etc.) to participate? \_\_\_\_\_yes \_\_\_\_\_no

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_(parent, guardian, self) hereby grant permission for (me/my child) (please print name) to participate in the recreation programs sponsored by the St. Charles Parks & Recreation Department.

I do hereby give the St. Charles Parks & Recreation Department or persons(s) or agencies operating in its authorized behalf complete permission:

**PLEASE CIRCLE**

1. To take (me/my child) on any trip which is planned and supervised by the City of St. Charles, Parks & Recreation Department. YES NO
2. To take (me/my child) to and from designated program sites in insured vehicles provided by the City of St. Charles, Parks & Recreation Department. YES NO
3. To take pictures of (me/my child) during Department sponsored events and use such pictures in promotional materials for the City of St. Charles, Parks & Recreation Department. YES NO
4. In the event that I cannot be reached in an emergency I hereby give permission to the physician selected by the City of St. Charles, Parks & Recreation Department to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for (me/my child) as named above at my expense. YES NO

**(OVER)**

**Please mark if applicable:**

\_\_\_My child will be walking/riding a bike to and from camp.

\_\_\_The following persons are authorized to pick up my child (other than parent):

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

\_\_\_My child will be car pooling with the following persons:

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

I understand (I/my child) can be excluded at any time during the program by the City of St. Charles, Parks & Recreation Department staff if it is judged that (I/my child) (have\has) hampered the safety, welfare or enjoyment of other participants in the program.

\_\_\_\_\_  
Signature of Parent, Guardian or self