

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

Today's Date: _____

PLEASE PRINT

Participants Name _____ **Age** _____ **Birth date** _____

Address _____
(Street) (City) (State) (Zip)

Home Phone _____ **Home Email** _____

Mother Contact _____
(Name) (Work phone) (Cell Phone) (Email)

Father Contact _____
(Name) (Work phone) (Cell Phone) (Email)

Emergency Contact _____
(Name) (Home phone) (Work phone) (Cell 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. Day camp staff can not administer medicine.

Does your child need accommodations (additional support) 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 YES OR NO FOR EACH QUESTION)

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 vehicle 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

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