



**St. Charles Parks & Recreation Department
2018-2019 COOL ZONE CAMP CONSENT WAIVER FORM**

Today's Date: _____

Participant's First Name: _____ Participant's Last Name: _____

Participant's Age: _____ Participant's Date of Birth: _____

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

Primary Phone Number: _____ Primary Email: _____

Primary Contact: _____
(Name) (Relationship to Participant) (Cell phone) (Work Phone)

Secondary Contact: _____
(Name) (Relationship to Participant) (Cell phone) (Work Phone)

Emergency Contact: _____
(Name – Other than Primary or Secondary Contact) (Relationship to Participant) (Cell phone)

In the event of a medical emergency, please provide the following pertinent health information on the participant:

Please list all Participants' Current Medications: _____

Please list all Participants' known Allergies: _____

Primary Care Doctor: _____ Hospital Preference: _____
(Name) (Phone)

Does your child need accommodations (additional support) to participate? YES NO

If yes, please contact Teresa Martchink, Recreation Coordinator at 636-949-3368 or daycamp@stcharlesparks.com

Is there anything additional or important information staff should know in order to ensure your child has a fun and safe time at camp? _____

I, _____ (parent, guardian, self)
(Please print name)

_____ (Initial) hereby give St. Charles Parks and Recreation Department or persons(s) or agencies operating in its authorized behalf complete permission to take (me/my child) on any trip which is planned and supervised by the City of St. Charles Parks & Recreation Department and to take (me/my child) to and from designated program sites in insured vehicle provided by the City of St. Charles Parks & Recreation Department.

_____ (Initial) 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 and 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.

_____ (Initial) I grant to St Charles Parks & Recreation (St Charles, MO) and/or the St Charles Parks and Recreation Foundation, their representatives and employees the right to take photographs of me, my children and my property in connection with classes and programs, at any of our facilities and properties or any sponsored activity. I agree that St Charles Parks & Recreation (St Charles, MO) and/or the St Charles Parks and Recreation Foundation, their assigns and transferees, may use and publish the photographs of me for any lawful purposes (including but not limited to event publicity, illustration, advertising, and Web content), whether in print and/or electronically, with or without my name. There will be no financial payment to me for use of my image. I waive any right that I may have to inspect or approve the photographs before they are used.

