

STICKNEY TOWNSHIP YOUTH COMMISSION

**SUMMER FUN
EMROLLMENT FORM**

Age Group 2½-4 5-8

Circle class time preferred: 9:00 – 11:00 or 12:30-2:30 pm

CHILDS NAME _____ BOY ___ GIRL ___ BIRTH DATE _____ AGE _____

HOME ADDRESS _____ HOME PHONE _____

DOES CHILD SPEAK ENGLISH CIRCLE YES OR NO LANGUAGE SPOKEN BY CHILD _____

ANY MEDICATION, ALLERGIES, OR HISTORY OF MEDICAL PROBLEMS ___ YES ___ NO

IF ANY PLEASE DESCRIBE _____

PARENT MARRITAL STATUS SINGLE ___ MARRIED ___ WIDOWED ___ DIVORCED ___

LEGAL GUARDIAN ___ CUSTODY/LEGAL PAPERS ___ LEGAL GUARDAIN NAME _____

MOTHERS NAME _____ CELL PHONE _____ WORK PHONE _____

DOES MOTHER SPEAK ENGLISH CIRLCE YES OR NO LANGUAGE SPOKEN BY MOTHER _____

FATHER'S NAME _____ CELL PHONE _____ WORK PHONE _____

DOES FATHER SPEAK ENGLISH CIRCLE YES OR NO LANGUAGE SPOKEN BY FATHER _____

EMERGENCY CONTACT NAME _____ ADDRESS _____

PHONE _____ CELL _____ RELATION TO CHILD: _____

WAIVER, RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT

Please read this form carefully and be aware that, in signing up and participating in the above program, you will be waiving and releasing all claims for injuries, arising out of this program that you or the participant might sustain. The terms "I", "me", and "My" also refer to the parents or guardians as well as the participant in the program. In registering for the program, you are agreeing as follows: As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries including death, damages or loss, which I may sustain as a result of participating in any manner, in any and all activities connected with or associated with such program. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risks of injury. I further recognize and acknowledge that field trips involve transportation which may result in and involve substantial risks of injury

I agree to waive and relinquish any and all claims I may have as a result of participating in the program against the Town of Stickney, its agencies and commissions, any other participating or cooperating governmental units, any independent contractors, officer, agents, servants and employees of the governmental bodies and independent contractors, and any and all other persons and entities, of whatever nature, that might be directly or indirectly liable for any injuries that I might sustain while participating in the program. (The Parties described in the preceding sentence are referred to as "released parties" in the remainder of this Agreement).

I do hereby fully release and discharge the Town of Stickney and the other released parties from any and all claims for injuries, including death, damage and losses which I may have or which may occur to me on account of my participation in the program. I further agree to indemnify, hold harmless and defend the Town of Stickney, and any and all other released parties, from any and all claims resulting from injuries, including death, damages and losses sustained by anyone, and arising out of, connected with, or in any way associated with my conduct and the activities of the program. I further understand and agree that the terms such as "participation", "program", and "activities": referred to in this Agreement, include all exercises, transportation, and physical movements of any nature while I am participating in the program, and further include the provision of or failure to provide proper instructions of supervision, the use and adjustment of any and all machinery, vehicles, equipment, and apparatus, and anything related to my use of the services. facilities, or premises involved in the program. I understand the nature of the program for which I am registering and have read the fully understand the Agreement, as consideration of being allowed to participate in the program. I have signed this Agreement. I further understand that any advisement or warnings to the particular risks of this program that I have received or subsequently received or subsequently receive will be incorporated by reference into and become a part of this Agreement. By signing this agreement I allow photos of my child/children to be released for publication and or advertisements.

(Signature of Parent or Guardian)

Date

Release Form

I, _____
(parent or legal guardian name)

give permission for **Stickney Township** to release my child,

_____ into the custody of the following person(s):
Childs name

Any person listed below, the emergency contact and parents will need to show a drivers license or state id prior to release. We will keep a copy on file for our records.

Name	Address	Phone#

I understand that it is my responsibility to update this form in the event that I no longer authorize one of the above listed individuals to pick up my child.

(parent or guardian signature, and date)

GENERAL CONSENT FORM

I hereby give consent for my child _____
to participate in outdoor activities and photographs for publicity purposes as
sponsored by the Stickney Township Youth Commission.

Parent/Legal Guardian

Date

STICKNEY TOWNSHIP YOUTH COMMISSION

**DROP OFF/PICK-UP POLICY
(SUMMER FUN)**

The designated drop-off times for the Summer Fun programs are 9:00 am (for the AM session) and 12:30 pm (for the PM session). Parents are expected to be prompt when dropping off a child for the program and should plan to arrive a few minutes before 9:00 am (for the AM session) and a few minutes before 12:30 pm (for the PM session). Due to the disruption late arrivals cause other children, please make sure your child arrives for class on time.

The designated pick-up times for the Summer Fun programs are 11:00 am (for the AM session) and 2:30 pm (for the PM session). Any parent who picks up their child after 11:00 am (for the AM session) and after 2:30 pm (for the PM session) will be charged \$5.00 for the first offense. A second offense will incur a charge of \$10.00. A third offense may result in the termination of your child from the program. (Individual situations will be considered). All occurrences will be documented. The determination for a late pick-up charge and termination from the program will be made by the Director or Program Coordinator.

Please be advised that your child will not be able to return to the program until the late pick-up fee is paid in full.

I have read and understand the protocol for the drop off and pick up of my child. I am aware that my child must arrive promptly for class each day. I am also aware that my child must be picked up promptly at program's end. I am further aware that I will be charged a fee of \$5.00 for the first late pick-up and \$10.00 for a second late pick-up. I am also aware that a third late pick-up may result in my child's termination from the program. I am further aware that my child cannot return to the program until the late pick-up fee is paid in full.

Signature of Parent/Legal Guardian

Print Child's Name

Date

STICKNEY TOWNSHIP YOUTH COMMISSION

**RE: SAFETY and WEARING OF SANDALS/FLIP FLOPS/OPEN TOED SHOES
IN YOUTH COMMISSION PROGRAMS**

Dear Parents:

Please do not send your child to class in any kind of sandals/flip flops or open toed shoes due to the potential for injury to your child during play activities. Please be advised that if your child presents for class with the above mentioned type of footwear, your child will not be admitted to the classroom and will need to leave with you or whoever brings your child in. Your child will need to wear gym shoes with socks in order to safely participate in both indoor and outdoor activities.

Please sign the bottom portion of this form.

Thank you for your cooperation with helping us to keep your child safe.

Sincerely,

Linda Hinker, LCSW
Director

I have read the Youth Commission's policy on safety and appropriate footwear to be worn to class and understand that if my child _____ is brought to class wearing sandals/flip flops/open toed shoes, or any other kind of open shoe, he/she will not be admitted to the classroom and will need to leave with whoever brought him/her to the program. I am also aware that gym shoes (worn with socks) are the required shoe of choice for my child's program activities and for injury prevention.

PARENT/GUARDIAN SIGNATURE

DATE

STICKNEY TOWNSHIP YOUTH COMMISSION

**SUMMER FUN PAYMENT POLICY
(JUNE 12– JULY 20, 2017)**

PAYMENT POLICY

Full payment is due at the time of registration.

Parents who present with a valid DHS issued medical card indicating medical coverage for the parent (not the child) will pay one half the cost of the Summer Fun program.

NO REFUNDS WILL BE GRANTED AFTER May 29, 2017. IN ADDITION, NO REFUNDS WILL BE ISSUED ONCE PROGRAM BEGINS (REGARDLESS OF WHETHER OR NOT YOUR CHILD HAS PHYSICALLY ATTENDED THE PROGRAM).

REQUIRED DOCUMENTATION

_____ 3 proofs of residency in Stickney Township, including photo ID of parent registering

_____ Child’s birth certificate

_____ Copy of child’s immunization record containing up-to-date immunizations

_____ DHS issued medical card (if applicable)

_____ Payment Received

I am aware that full payment is due at the time of registration and that refunds will not be granted after June 6, 2016. I am also aware that no refunds will be issued once the program begins regardless of whether or not my child has physically attended the program.

Signature of Parent/Legal Guardian

Date

Staff Signature