

# SUMMER FUN

STICKNEY TOWNSHIP YOUTH COMMISSION

9-11

12-2

CHILDS NAME \_\_\_\_\_ BOY \_\_\_ GIRL \_\_\_ BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

CHILD SPEAKS ENGLISH YES OR NO OTHER \_\_\_\_\_

ANY MEDICATION, ALLERGIES, OR HISTORY OF MEDICAL PROBLEMS \_\_\_ YES \_\_\_ NO

IF ANY PLEASE DESCRIBE \_\_\_\_\_

PARENT MARITAL STATUS SINGLE \_\_\_ MARRIED \_\_\_ WIDOWED \_\_\_ DIVORCED \_\_\_

MOTHERS NAME \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK \_\_\_\_\_

PRIMARY LANGUAGE SPOKEN BY MOTHER \_\_\_\_\_ OTHER \_\_\_\_\_

FATHERS NAME \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK \_\_\_\_\_

PRIMARY LANGUAGE SPOKEN BY FATHER \_\_\_\_\_ OTHER \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ RELATION TO CHILD \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ CELL \_\_\_\_\_

LEGAL GUARDIAN \_\_\_ CUSTODY \_\_\_ GUARDIAN NAME \_\_\_\_\_

CELL PHONE \_\_\_\_\_ WORK \_\_\_\_\_

## 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

## Permission to Pick Up

I, \_\_\_\_\_  
(parent or legal guardian name)

give my 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 both 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#	Relationship to child

**I understand that it is my responsibility to update this form.**

\_\_\_\_\_  
(Parent or Guardian Signature, and Date)

STICKNEY TOWNSHIP YOUTH COMMISSION

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

The designated drops off times for the Summer Fun programs are 9:00 am (for the AM session) and 12:00 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 12:00 pm (for the PM session).

The designated pick-up times for the Summer Fun programs are 11:00 am (for the AM session) and 2:00 pm (for the PM session). Any parent who picks up their child after 11:00 am (for the AM session) and after 2:00 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.*

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I have read and understand the protocol for the drop off and pick up of my child. I am aware that my child must be picked up promptly at program's end. I am 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

**PARKING AND DROP-OFF/PICK-UP OF CHILDREN**

Parking for Youth Commission program participants is on the following streets only: Leclaire, Leamington and 78<sup>th</sup> Street. The parking lot at the LSV Senior Center is for senior citizens and employees of the senior center. If, however, you (or the person transporting your child to and from this facility for Youth Commission sponsored programs) have a valid handicap parking placard or handicap license plates, you are welcome to park in the handicap parking spaces in the LSV Senior Center parking lot.

In the service of safety, when dropping your child off, you must be with your child at the door when the door is opened for class. When picking your child up you must be at the door at the time class is dismissed.

**IF YOU ALLOW YOUR CHILD TO PLAY AT THE PARK PRIOR TO THE START OF CLASS, PLEASE BE MINDFUL OF THE TIME YOU'LL NEED TO VACATE THE PARK IN ORDER TO HAVE YOUR CHILD AT THE DOOR IN TIME FOR THE START OF CLASS. CHILDREN WHO ENTER THE CLASSROOM AFTER THE DOORS ARE CLOSED ARE CONSIDERED LATE. CHILDREN WHOSE PARENTS ARE NOT AT THE DOOR WHEN IT IS OPENED AT THE END OF CLASS WILL BE CONSIDERED LATE PICK-UPS AND A FEE WILL BE CHARGED.**

**PLEASE NOTE THAT STAFF IS NOT RESPONSIBLE FOR GATHERING CHILDREN FROM THE PARK AT THE START OF CLASS AND CHILDREN WILL NOT BE RELEASED TO PARENTS WHO ARE SITTING IN THE PARK INSTEAD OF WAITING AT THE DOOR.**

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT CHILD'S FULL NAME

# STICKNEY TOWNSHIP YOUTH COMMISSION

## **SAFETY and WEARING OF SANDALS/FLIP FLOPS/OPEN TOED SHOES**

Please do not send your child to the Summer Fun program 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.

I have read the Youth Commission's policy on safety and appropriate footwear to be worn to Summer Fun programs and understand that if my child

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CHILDS NAME

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 highly recommended as the shoe of choice for my child's program activities and for injury prevention.

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PARENT/GUARDIAN SIGNATURE

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DATE

**In the event we have a water day, you will be told before hand and then flip flops or water shoes will be allowed only at that time.**

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.

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Parent/Legal Guardian

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Date