

Washtenaw County Parks & Recreation
2017 Summer Playground – Registration Form
One form per child

Primary Contact Person:

Name: _____ Relation: _____

Street Address: _____ City: _____ State: _____

Phone Numbers: (H) _____ / (W) _____ / (C) _____

Secondary Contact Person:

Name: _____ Relation: _____

Street Address: _____ City: _____ State: _____

Phone Numbers: (H) _____ / (W) _____ / (C) _____

My child will walk to the program _____ or my child will be dropped off & picked up _____

Please list all persons (must be 18 years or older) with permission to drop off/pick up your child.

Name: _____ Age: _____ Relation: _____ Phone: _____

Name: _____ Age: _____ Relation: _____ Phone: _____

Zero Tolerance

The WCPARC playground program has a zero tolerance policy towards physical violence of any nature. Incidents involving any type of violence will result in a meeting with Site Coordinator and disciplinary suspension, possibly including an expulsion from program. I understand that my child will be expected to comply with the established guidelines for playground program, which requires children to refrain from using any foul language, hitting, biting, and using threats, bullying, etc.

Acknowledgement & Release of Liability

I acknowledge there are risks associated with my child's participation in this activity, including, but not limited to those associated with travel, transportation or vehicular traffic, climate or weather or other natural phenomenon, accident, the child's own actions or the actions of others. I understand that these risks may result in serious illness, injury or death, and I hereby accept and assume, for my child, all such risks. My child is able to participate in the associated activities. In consideration for being allowed to participate in this activity, which I do freely and voluntarily for my child, myself, my executors, administrators, heirs, next of kin, successors and assigns to:

- Waive, release and discharge from any and all liability Washtenaw County, its elected and appointed officials, employees, students, agents, and volunteers for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter occur to me, including as to my child's traveling to, from, and during this activity/trip.
- Indemnify and hold harmless the organizers, its elected and appointed officials, employees, students, agents, and volunteers from any and all liabilities or claims made by other individuals or entities as a result of or relating to my participation in this activity.

I further understand the organizing groups are not and will not be responsible for any medical costs that may be incurred by me or my child. I authorize Washtenaw County staff to seek and obtain emergency medical or surgical services for me during this activity/trip, if required.

I understand and agree to the statements above.

Parent/Guardian PRINT

Parent/Guardian signature

Date



Washtenaw County Parks & Recreation
2017 Summer Playground – Emergency/Medical Form
One form per child

Child's Name: _____
(Last) (First) (Age)

Primary Contact

Name: _____ Relation: _____

Street Address: _____ City: _____ State: _____

Phone Numbers: (H) _____ / (W) _____ / (C) _____

Secondary Contact

Name: _____ Relation: _____

Street Address: _____ City: _____ State: _____

Phone Numbers: (H) _____ / (W) _____ / (C) _____

Health Information

Are your child's immunizations up to date? Yes No

Other Health Issues/Contagious Diseases (If any) _____

Does your child have any physical restrictions? Yes No

If yes, please list restrictions: _____

Please list all medications your child is currently taking: _____

Does your child have any existing allergies we should know about? Yes No

If yes, please list allergies: _____

Does your child require an EpiPen for these allergies?* Yes No

**Please Note: WCPARC Employees are not authorized to dispense medication or administer injections. Playground staff will use EpiPens, if provided by the child's parent, in an effort to save the child's life. This is the one and only exception to dispensing medication at WCPARC Programs.*

If there is any additional information you would like to tell us about in regards to your child's needs, please write it on the back of this form.

If WCPARC Playground Staff are unable to reach me or a person whom I have designated, I understand appropriate emergency care deemed advisable by WCPARC will be sought. I agree to pay for all expenses that may be incurred by this emergency care.

I hereby state that the information provided on this form is correct to the best of my knowledge.

Parent/Guardian PRINT

Parent/Guardian signature

Date



Washtenaw County Parks & Recreation
2017 Summer Playground – Photo Release Form
One form per child

I, the undersigned, do hereby grant or deny permission to Washtenaw County Parks and Recreation, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the event to use the image of my child, _____, as marked by my selection below.

Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Washtenaw County Parks and Recreation website, sponsoring agencies and, if applicable, owners and lessors of premises used to conduct the program.

Please mark selection below:

- ☐ Deny permission to use my child's image at all.
- ☐ Grant permission to use my child's image to be used in print, video, and digital media. I agree that these images may be used by Washtenaw County Parks and Recreation, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the program for a variety of purposes and that these images may be used without further notifying me.

Parent/Guardian PRINT

Parent/Guardian signature

Date