2021 Kids Club
Registration/Medical Form

Child's Name: _____

Child's Address: _____

_____ Male _____ Female Date of Birth: _____ Age: _____

Parent/Guardian Information

Mother's Name: _____

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

Father's Name: _____

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

IN CASE OF AN EMERGENCY SPECIFY AUTHORIZED PERSONS TO PICK UP YOUR CHILD:

Name: _____ Relationship: _____

Phone: _____

Does your child have any disabilities, physical conditions, behavioral concerns or distinguishing marks the staff should be aware of?

_____ Yes _____ No If y

Does your child require any accommodations, special assistance or auxiliary aids?

_____ Yes _____ No If y

(ADHD, Autism, Sensory Impairment, Allergies, etc.)

Also, please list any and all prescription medications (i.e. Ritalin) currently being taken:

_____

Other Conditions/Needs: _____

Additional Medical Information

Physician's Name: _____

Clinic: _____ Phone: _____

Address: _____

Dentist's Name: _____

Clinic: _____ Phone: _____

Address: _____

PLEASE COMPLETE PART I OR PART II BELOW

Part I: Permission to Transport Child

I give the City of Fairview Park Gemini Center permission to transport _____ to
(Name of child)

_____ for
(Name of hospital/clinic)

Emergency medical care or to _____ for emergency dental care.
(Name of dentist/clinic)

Signature: _____ Date: _____

Part II: Refusal to Grant Permission

I DO NOT GIVE the City of Fairview Park Gemini Center permission to transport _____
(Name of child)

for emergency medical or dental care. In the event of an illness or injury which requires medical or dental treatment, I wish the City of Fairview Park Gemini Center to take the following actions:

_____

_____

_____

Signature: _____ Date: _____

As a participant in this and any other programs of the Fairview Park Recreation Department, I, for myself or the participant for whom I sign (if under 18 years of age), recognized and acknowledge that I/we may be exposed to a variety of risks and I/we agree to assume all such risks, including by not limited to, any damage resulting from physical injuries, death, loss of services or consortium, loss or damage to property, or any other loss or injury I/we may sustain as a result of participating in any and all activities connected or associated with such programs. I acknowledge that I/we have no physical limitations or disabilities of any kind which would restrict me/us from participating. Any special accommodations needed have been noted on the front of this form.

In consideration of the Fairview Park Recreation Department accepting my/our registration and with the intent to be legally bound, I hereby, for myself or the participant for whom I sign (if under 18 years of age) and all heirs, executors, administrators and assigns: (1) forever release, waive, and relinquish any claim I/we have or may have as a result of participating in this and all other programs of the Fairview Park Recreation Department; and (2) promise not to sue and agree to hold harmless and defend the Fairview Park Recreation Department and its officers, officials, agents, employees, volunteers and other representatives (referred to collectively hereinafter as "City of Fairview Park") from any and all claims, liabilities, demands, actions or causes of action in any way resulting from my/our participation in this and all other programs of the Fairview Park Recreation Department.

USE OF PHOTOGRAPHS: I do hereby grant and give the City of Fairview Park the right to use my photograph or image (or the photograph or image of the participant for whom I am signing) with or without my/our names, both single and in conjunction with other person or objects for any and all purposes including, but not limited to, private or public presentations, advertising, publicity and promotion relating hereto. I warrant that I have the right to authorize the foregoing uses and do hereby agree to hold the City of Fairview Park harmless of and from any and all liability of whatever nature, which may arise out of result of such uses.

I have read all of the above statements and all of the policies of the Kids' Club and promise to abide by them and understand that for my child's safety and guardian's peace of mind children may be videotaped.

_____

Parent/Legal Guardian Signature Date