



Winter Camp 2009 Registration Form

Male
 Female

Child's Name Birthdate Age

Mother's/Guardian's Name Address City Zip Code Home Phone Number

Daytime Phone Number Cell Phone Number E-Mail Address

Father's/Guardian's Name Address City Zip Code Home Phone Number

Daytime Phone Number Cell Phone Number E-Mail Address

AUTHORIZED PICK UP FORM:

Should your child become ill during the Before School Program, please list 3 people who you would authorize to pick up your child from the Before School Program. Please remember to include yourself, spouse, family members, etc.

Authorized Name(s) Relationship Cell Phone Number

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A photo ID must be presented to the Before School Program personnel before your child will be released.
Children will not be released to any person not listed on the Registration Form.

DISCIPLINE & GUIDANCE POLICY:

I have read and understand the Discipline & Guidance Policy outlined in the Before School Program information packet.

PHOTOGRAPHIC RELEASE:

I hereby consent to the City of Independence to reproduce photographic or video of my child for publicity or advertising purposes.

DIETARY RESTRICTIONS & ALLERGY INFORMATION:

For the child's safety, dietary restrictions and allergies must be disclosed on this form so that our staff is aware of them.

Dietary Restrictions _____ Allergic to _____

Other medical information you would like to share with us:

EMERGENCY INFORMATION:

In the event of an emergency, please list 2 people other than parents, that can authorize any emergency treatment for your child.

Authorized Name Relationship Daytime Phone Number

Authorized Name Relationship Daytime Phone Number

WAIVER & RELEASE OF CLAIMS:

It is expressly agreed that all use of the City of Independence's property, equipment and services, and participation in, or a spectator to, any programs conducted within or on the property of the City of Independence, and any transportation provided by the City of Independence shall be undertaken by me, or my child, or my legal ward at my/his/her sole risk, and the City of Independence shall not be liable for any bodily injuries or any loss or damage to my/our/their person or property, or to be subject to any claim, demand, injury or damages whatsoever, including, without any limitation, those injuries and/or damages resulting from acts of active or passive negligence on the part of the City of Independence, its employees or agents. I, for myself and on behalf of my children, my executors, administrators, legal wards, heirs, assigns and successors, do hereby expressly forever release and discharge the City of Independence, its employees, officials, agents, assigns and/or successors from all such claims, demands, injuries, damages, actions or causes of actions whatsoever. It is agreed that I have read and understand all policies and regulations associated with my use of any City property or equipment or participation in any City program, and agree to abide by all policies thereof. Violations of any City policy or regulation may result in revocation of this pass. **Please sign below to acknowledge that you have read and understand this Waiver and Release of Claims.**

Print Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____ Date _____