

School\_\_\_\_\_

Grade\_\_\_\_\_

M T W TH F

**Elk Grove Park District ACES Club  
2019-20**

Date\_\_\_\_\_

Name of Child\_\_\_\_\_ M\_\_\_\_ F\_\_\_\_

Date of Birth\_\_\_\_\_ Age\_\_\_\_\_ Primary Phone #\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ Zip\_\_\_\_\_

Primary e-mail: (This address will only be used for Park District communication)

\_\_\_\_\_

Father's Name\_\_\_\_\_

Father's Cell\_\_\_\_\_ Email\_\_\_\_\_

Occupation\_\_\_\_\_ Business Phone\_\_\_\_\_

Employer\_\_\_\_\_

Mother's Name\_\_\_\_\_

Mother's Cell\_\_\_\_\_ Email\_\_\_\_\_

Occupation\_\_\_\_\_ Business Phone\_\_\_\_\_

Employer\_\_\_\_\_

Name and ages of other children in family

\_\_\_\_\_

\_\_\_\_\_

Other relatives at same address

\_\_\_\_\_

Name of Child's Physician\_\_\_\_\_

Address\_\_\_\_\_ Phone\_\_\_\_\_

Does your child have any medical conditions or serious illness of which we should be aware?

Yes      No

Please explain \_\_\_\_\_

Does your child have any allergies?      Yes      No

Please explain \_\_\_\_\_

Does your child have any dietary restrictions?      Yes      No

Please explain \_\_\_\_\_

Does your child need any special accommodations?      Yes      No

Please explain \_\_\_\_\_

Does your child need staff assistance from NWSRA?      Yes      No

Name your child answers to \_\_\_\_\_

What is the primary language spoken in your home? \_\_\_\_\_

### CUSTODY

Are there any court judgments or custody suits pending which have established legal custody of the child. YES \_\_\_\_\_ NO \_\_\_\_\_. If yes, please provide necessary details and written court order (if necessary) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please designate the legally responsible person/persons. \_\_\_\_\_

\_\_\_\_\_

N/A \_\_\_\_\_  
(Parent/Guardian initials)

Signature \_\_\_\_\_

Date \_\_\_\_\_

**ELK GROVE PARK DISTRICT ACES CLUB**

**\* All permissions on this page must be signed in order for your child to participate in ACES programming**

The ACES Club frequently participates in short walks as a part of the program. We would like to establish a blanket permission for your child to participate as this is an ACES Club function. Your special permission will be requested for trips requiring public or private transportation. I hereby give permission for my son or daughter, \_\_\_\_\_, to participate in the aforesaid activities, understanding public or private transportation will require further permission.

\_\_\_\_\_  
Signature of Parent or Guardian Date

**PHOTO/VIDEO PERMISSION**

I hereby grant the Elk Grove Park District permission to photograph and/or videotape myself and/or my child \_\_\_\_\_ for publication in the program catalog, website and additional uses as the Park District deems necessary.

\_\_\_\_\_  
Signature of Parent or Guardian Date

**TRANSPORTATION PERMISSION**

Transportation is provided for your child either by the Elk Grove Park District. Your permission is required to transport your child from school to the Al Hattendorf Center. I give permission for my son or daughter, \_\_\_\_\_ to be transported to the Al Hattendorf Center.

\_\_\_\_\_  
Signature of Parent or Guardian Date

**AUTHORIZATION RELEASE**

My child \_\_\_\_\_ may be discharged to myself and the following:  
(include carpool and other parent) PLEASE PRINT

- 1. \_\_\_\_\_ 4. \_\_\_\_\_
- 2. \_\_\_\_\_ 5. \_\_\_\_\_
- 3. \_\_\_\_\_ 6. \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent of Guardian Date

# **REGISTRATION/BROCHURE WAIVER & RELEASE**

## **IMPORTANT INFORMATION**

The Elk Grove Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Elk Grove Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for the below listed programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

## **WARNING OF RISK**

Recreational activities are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slip and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities exist. In this regard, it must be recognized that it is impossible for the Elk Grove Park District to guarantee absolute safety.

## **WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK**

Please read this form carefully and be aware that in signing up and participating in the programs listed below, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with these programs (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs against the Elk Grove Park District, including its officials, agents, volunteers and employees.

**I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.**

PLEASE PRINT

Participant's Name \_\_\_\_\_

Participant's Signature \_\_\_\_\_  
(18 years or older or Parent/Guardian)

Date \_\_\_\_\_

**PARTICIPATION WILL BE DENIED**

**If the signature of adult participant or parent/guardian and date are not on this waiver.**

**Elk Grove Park District ACES Club**

Medical Release  
2019 - 2020

To Whom It May Concern:

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: \_\_\_\_\_

Relationship: \_\_\_\_\_ daughter    \_\_\_\_\_ son    \_\_\_\_\_ Other, please explain

\_\_\_\_\_

This release form is completed and signed of my free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed \_\_\_\_\_ Date: \_\_\_\_\_  
Father – Mother – Legal Guardian

Phone \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Specific medical allergies, chronic illnesses or other conditions:  
\_\_\_\_\_  
\_\_\_\_\_

Other contacts in case of emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_