Fon du Lac Park District's Rainbow Junction Registration Form

PASSWORD	

Child's Name		Nickna	me						
Child's Age	Birth Dat	<u>te</u>	Primary Email		<u>Email</u>				
Mother's Name Pr						imary Ph			
Home Address					Secondary Ph				
Place of Employment	[Work Ph				
Father's Name					Prima	Primary Ph			
Home Address					Secondary Ph				
Place of Employment					Work Ph				
Additional pers	sons that your ch We MUST		e released to a ast two name					rgency.	
Name		Re	Relationship Pt				Phone	Phone	
Name		Re	elationship				Phone		
Custody Infor	mation - Pleas	e list any co	nditions for cust	ody, if a	pplica	ble			
					Co	opy of legal papers on file □Yes □No			
					L				
Medical Inforn	 nation								
						Phone			
Physician's Name						LIIOHG			
Preferred Hospital					•				
			medications / times in which your child taking at Rainbow Junction		child	Park District staff to administer the listed medications to my child.			
				Parent Signature:					
List any other allergies / medical	conditions:								

Indemnification and Consent Agreement

In consideration of permission given by the Fon du Lac Park District (Park District) for my child/ward to participate in the Rainbow Junction program I agree to hold the Park District and its officers, agents, servants and employees harmless and to indemnify the Park District for any and all claims from injuries, including death, damages or loss which may arise out of my child/ward's participation in the Rainbow Junction program.

In case of accident or sickness, I consent to emergency medical care provided by ambulance or hospital personnel.

I hereby o	consent to the	e use of my	minor/ward photograph in Park District brochures, publications, etc.
	☐ YES	□ NO	Parent Signature
Physical ha the rules he can lead to	rm toward ot e/she will rece suspension a	her children eive a writter and/or dismi	cted to have self-control, respect for others and cooperation skills. and teachers will not be tolerated. If your child/ward does not obey a warning that must be signed by the parent. Disciplinary problems ssal from the program. I hereby consent to my minor/ward ainbow Junction.
		I HAVE REA	D THIS DOCUMENT AND AGREE TO ITS TERMS.
Parent / Guar	dian Signature		Date
			se tell us a little about your child e: family pets - favorite activities - brothers or sisters

