

Willowick Recreation Department
SUMMER RECREATION CAMP

5-6 yr. old _____ 7-9 yr. old _____ 10-12 yr. old _____

CHILD'S NAME: _____ M / F Age _____ D.O.B. _____
FIRST LAST

T-SHIRT SIZE: Youth: S-6/8 _____ M-10/12 _____ L-14/16 _____ Adult: S-34/36 _____ M-38/40 _____ L-42/44 _____ XL _____

ADDRESS: _____ CITY: _____ ZIP _____

PARENT/GUARDIAN NAME: _____ (RELATIONSHIP)

DAYTIME PHONE (____) _____ CELL PHONE (____) _____

EMAIL: _____

Please List Alternate Local Person To Contact In Case Of Emergency:

Name _____ Relation to Child _____ Phone (____) _____

Authorized Pick-up / Release List

For your child's protection, please list the names of all other authorized persons to whom your child will be either dropped-off or picked-up from camp. In addition to the names listed above, these are the **only** persons to whom your child will be released, and they will need to provide identification to our staff at time of pick-up. Please remember to update list as needed.

YES, MY CHILD HAS PERMISSION TO WALK OR RIDE A BIKE HOME FROM CAMP _____ (initial).

Name	Phone	Relationship
Name	Phone	Relationship
Name	Phone	Relationship
Name	Phone	Relationship

* **Before-Care** is available during the nine week program from 6:30 a.m. to 7:45 a.m. for an additional per child fee. Before-care is not pro-rated, and must be paid in full at time of registration .

YES, my child will attend the Before-Care program for an additional fee _____.
(initial)

* **After-Care** is available during the nine week program from 4:30 p.m. to 5:45 p.m. for an additional per child fee. After-care is not pro-rated, and must be paid in full at time of registration .

YES, my child will attend the After-Care program for an additional fee _____.
(initial)

CONTINUED ON BACK

- **Camp Safety Photo /AMBER ALERT INFO**

Please provide us with an updated photo of your child prior to the first day of camp. Your child's "safety photo" should be no larger than 3" x 3 1/2" (standard school photo) and have your child's name and age printed on the back. The photo will not be used in any type of publication or promotional materials. The sole purpose of the "safety photo" is to provide important information in the unlikely event there is an emergency situation.

Please provide your child's information below:

Child's Name: _____

Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

- **Sun-Block Protection**

To better assist your child with sun-block protection while attending the summer day camp program, please send sun-screen with your child to camp daily (preferably the pump/spray bottle, for easy application). Clearly mark your container with your child's name. In the event that your child may need assistance from the staff in applying the sunscreen, please initial here for permission _____.

(initial)

- **Program Photos**

We are seeking your permission to display camp pictures that may have your child in them. The Recreation Department uses photographs to display various recreation programs offered throughout the City. These photos may be used in publications such as event and program flyers, and on the City's web-site. To grant permission for use of program photos that may have your child in them, please initial here for permission _____.

(initial)

- **Field Trips Permission**

I hereby grant my child permission to be transported by Willo-Transportation and participate in the scheduled Willowick Summer Recreation Camp field trips, please initial here for permission _____.

(initial)

RELEASE AND INDEMNIFICATION AGREEMENT

The undersigned, being of lawful age, acknowledges and agrees that I am voluntarily participating, or I am allowing my minor child to participate, in the programs, activities and/or events being sponsored by the City of Willowick.

In consideration for the City of Willowick allowing me, or my minor child, to participate in said program, activity, and/or event, the undersigned individually and for their heirs, successors, and assigns does hereby release and forever discharge the City of Willowick, its officers, officials, employees, and those acting on behalf of the City of Willowick from any and all actions, claims, causes of action and any damages that follow therefrom, arising out of, or as a result of the participation in any program, activity, and/or event being sponsored by the City of Willowick.

I hereby acknowledge that I understand the terms and conditions of this Release and Indemnification Agreement, and I am entering into this Agreement of my own free will and without duress after having reviewed the Agreement in full.

I further agree that I will indemnify and hold harmless the City of Willowick, its officers, officials, employees, and those acting on behalf of the City of Willowick from any and all actions, claims, causes of action and any damages that follow therefrom, as a result of the participation in any program, activity, and/or event being sponsored by the City of Willowick.

I have carefully read this Release and Indemnification Agreement, I understand the contents contained therein, and I am signing the Agreement of my own free will.

Parent / Guardian Signature

Dated: _____

