

**La Pine Parks & Recreation District
Summer Program
Enrollment Form**

Child Information

Child's Name: _____ Age: _____ D.O.B.: _____

Teacher: _____ Bus #: _____ Grade: _____

Address: _____ Phone: _____

Mailing Address: _____ City: _____ Zip: _____

Person(s) Responsible for Payment: _____ Relationship: _____

By signing below I state that I am the person responsible for all payments due to La Pine Parks & Recreation.

Signature of Responsible Party

Date

Mother's Name: _____ Home Phone: _____

Employment: _____ Work Phone: _____

Authorized to Pick Up? Yes No

Father's Name: _____ Home Phone: _____

Employment: _____ Work Phone: _____

Authorized to Pick Up? Yes No

Others Authorized to Pick Up Child (these MUST be local numbers)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

(All individuals will be asked to show picture I.D. To staff before a child is released from the program if the staff member does not know the individual.)

Are there any activities your child cannot participate in due to physical, social or religious reasons: _____

Photo Release: My Child MAY MAY NOT have his/her photo taken and I understand that the photos may be used for publicity for the La Pine Park Summer program:

Signature

Date

Cost Information

Daily - \$10 per day per child
Weekly - \$50 per week per child
2 Children = \$90/week
3 or more children = \$10 off weekly rate per child
Total with this form: \$ _____

Emergency and Medical Information

In case of an emergency list two relatives or friends who can be notified when parent not available (at least one must be located in La Pine).

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Child's Physician: _____ Phone: _____

Child's Dentist: _____ Phone: _____

I authorize the above individuals to be contacted in the event of an emergency. I am fully aware that if deemed necessary by the staff of La Pine Park Summer Program that these individuals may be called to pick up the child in the event of an emergency.

Signature

Date

Park Adventure Staff

Date

List any illnesses, allergies, or special medical problems that La Pine Park & Rec should be aware of: _____

Treatment: _____

Please check any current problems your child may have:

___ Asthma ___ Diabetes ___ Heart Disease ___ Seizure Disorder

___ Food Allergy ___ Bee Sting Allergy ___ Hypoglycemia ___ other

Condition: _____

How does it show itself: _____

Treatment: _____

Liability Release

By signing below I assume all risks and hazards incidental to my child's participation in La Pine Park Summer Program: and I do hereby release, absolve, indemnify and hold harmless the organizers, supervisors, staff of La Pine Park & Recrea any and all of them.

Signature

Date

Staff Witness

Date

I hereby give my consent for any medical treatment in case of illness or injury while participating in La Pine Park Programs. I do hereby authorize La Pine Park & Recreation to render ambulance or air flight services in an emergency for the health of the said child. In addition I agree that I am solely responsible for payment of all cost resulting from the rendering of medical, ambulance and/or air flight services. La Pine Park & Recreation staff is hereby authorized to take whatever action is deemed necessary in their judgment for the health of the said child.

Signature

Date

Staff Witness

Date

I, _____ have read and agree to the policies, including all fee policies of La Pine Park Summer Program. I understand that failure to pay on time will result in my child being dropped from the program. In addition I understand that I will be charged a \$10.00 late fee per week until my account has been paid in full, regardless of whether or not my child is currently enrolled in La Pine Park Summer Program

Signature

Date

Staff Witness

Date