



Detailed Participant Profile (per child)

SUMMER 2022 / School Year 2022-23

Summer Camp * Kids' Zone Before & Afterschool Program * Day Off Trips * Friendship Station Preschool

Participant Name _____

Date of Birth _____ Age _____ Gender _____

Please attach a photo of your child here.

Grade entering in Fall 2022 _____ School _____

Special Assistance / Accommodations:

Request FVSRA Companion Request more information for special needs accommodations. N/A

The Geneva Park District works in collaboration with Fox Valley Special Recreation Association (FVSRA) to provide additional training to park district staff and when necessary, an inclusion companion to assist the registrant within the program. In order to provide the best customer service, please notify the park district at least **two weeks** prior to the start of the program. For requests received after that time frame, the best efforts will be made to accommodate the registrant.

Does the participant have any allergies we should be aware of?
 YES NO
If yes, please list details on page 3

T-shirt Size: (please select one)

Youth— Small Medium Large
Adult— Small Medium Large XL

Please note not all camps/programs receive a t-shirt.

I give permission for staff to assist my child in applying sunscreen/bug spray if necessary (for summer camps only).
 YES NO
Please note that children MUST bring their own sunscreen/bug spray. Spray on sunscreen/bug spray is preferred.

Participant Address _____

City _____ State _____ Zip _____

Home Phone _____ Main Contact Email _____

Main Parent/Guardian Name _____ Relationship to Child _____
(parent enrolling child in program)

Phone # 1 _____ Phone # 2 _____

Secondary Parent/Guardian Name _____ Relationship to Child _____

Phone # 1 _____ Phone # 2 _____

I give my permission for the Secondary Parent/Guardian listed to have full access to participants enrollment status, access to change information and schedule status.

YES _____ NO
(parent initial)

Emergency / Pick-up Information—Authorized persons, other than parents/guardians listed above, who may be called in an emergency and/or pick up the child from the program. Only authorized individuals listed will be permitted to sign a child out. Anyone picking up (including parents) must be prepared to show a valid photo ID when picking up a child. Minimum age for authorized individual is 14 years

For participants 10 years or older parents may fill out a Consent/Release Form to allow them to sign themselves out of the program.

1. Name _____ Relationship _____ Phone# _____

2. Name _____ Relationship _____ Phone# _____

3. Name _____ Relationship _____ Phone# _____

4. Name _____ Relationship _____ Phone# _____

5. Name _____ Relationship _____ Phone# _____

6. Name _____ Relationship _____ Phone# _____

Medical Information

Part I: **ILLNESSES & INJURIES** (Check any chronic or recurring illness)

- Asthma
- Diabetes
- Seizures
- Hypertension
- Ear Infection
- Bleeding/Clotting
- Heart Defect/Disease
- Musculoskeletal Disorders
- Other:

Date of last Health Exam: _____ Date of last Tetanus Shot: _____

Family Physician: _____ Phone # _____

Any activities to be restricted:

Part II: **ALLERGIES** (check any that apply and specify nature of allergic reactions)

- Animals
- Food
- Hay Fever
- Insect Stings
- Medication/Drugs
- Plants
- Pollen
- Other (specify)

List specific allergies, reactions and special instructions:

Part III: **MEDICATION** (please list all, even if they are not taken at the site)

If a child needs medication while attending our program you must fill out the Request for Administration of Medicine form. Doctors signature is required on this form.

Is your child currently taking any medication? YES NO

List medication and the purpose of the medication:

Part IV: **OTHER HEALTH CONDITIONS** (check any that apply and describe below)

- Hearing Impairment
- Emotional Disturbances
- Special Diet Regimen
- Motion Sickness
- Fainting
- Visual Impairment
- Nosebleeds
- Wear Glasses/Contacts
- Speech Impediment

Other limitations or important information:

Part V: **EMERGENCY CARE RELEASE**

I hereby authorize the Geneva Park District, its employees and agents to provide emergency medical assistance or to arrange for and consent to on my behalf immediate medical treatment by a licensed or certified physician or other medical personnel for my child whenever the authorized Park District personnel believe such emergency medical assistance is necessary to protect the health, safety and welfare of my child.

Signature of Parent/Guardian _____ Date _____

General Information

Does the participant have any physical, psychological or emotional limitations of which we should be aware?

YES NO If yes, Please explain:

Please identify any special adaptations or accommodations necessary to assist the participant in participating in our program.

1. Does the participant have siblings in the program? YES NO

If yes, please list name and age below.

2. Has your child participate in our program before? YES NO

3. What is your child looking forward to in our program?

4. Is your child nervous about any aspects of our program? (ex: friends, field trips, specific activities, etc.)

5. What would you like your child to gain from participating in our program?

6. What are your child's special interests or skills?

7. Does your child have any fears? YES NO If yes, what are they and how do you handle them at home?

8. Have there been any incidents with family or school that we should be aware of at this time? Please explain (ex: new babies, divorce, moving, illness of a family member, death, long term visits of relatives, school concerns, etc.)

9. Are there any custody/divorce concerns that the staff should be alerted to? YES NO

If yes, please explain:

Please list any additional comments or concerns you would like us to be aware of:

General Policies

- _____ (parent initial) **LATE POLICY**
It is important that you be on time when picking up your child. Children become worried when you are late. Staff often have other obligations. Please note the time. Parents will be charged \$5.00 for the first 10 minutes of late time and \$1.00 for each minute after.
I understand the above policy, why there is a need for it and agree to abide by it.
- _____ (parent initial) **BEHAVIOR GUIDELINES ACKNOWLEDGEMENT**
I have read and understand the Behavior Guidelines that were established by the Geneva Park District to ensure a safe and enjoyable environment for all participants.
I agree to the discipline procedures outlined in the Parent Manual.
- _____ (parent initial) **FIELD TRIP PERMISSION FORM**
My child, _____ has my permission to go on any field trip (walking or by van/bus) sponsored by the Geneva Park District during the time my child is attending the program. Notification of any trips will be sent home prior to the date the trip is scheduled. Please see program calendar for details.
Not all programs attend field trips
- _____ (parent initial) **REFUND POLICY**
The Geneva Park District office must receive any cancellations 10 business days prior to the start of the session. An application for refund must be completed as cancellation verification. Kids' Zone and Friendship Station Preschool require 10 business days notice for all withdrawals.
- _____ (parent initial) **REVIEW OF POLICIES AND PROCEDURES**
I acknowledge I have reviewed the material outlined in the Parent Manual(s) and agree to the policies and procedures.
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Geneva Park District Waiver and Release of All Claims IMPORTANT INFORMATION

The Geneva Park District (the "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 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 this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities. You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for recreational activities. 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. Depending on the particular activity, certain risks and dangers may exist due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, lack of safety equipment, inadequate or defective equipment, failure in supervision and instruction or officiating, and premises defects. It is impossible for the 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 Program(s), 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 the program(s)/activity(ies) (including transportation services, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in the program(s)/activity(ies), and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity that my minor child/ward or I may sustain as a result of participating in any and all activities connected with or associated with the program (s)/activity(ies). 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 this program/activity against the Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as "Parties"). I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the program(s)/activity(ies).

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 online or via fax, my online or facsimile signature shall substitute for and have the same legal effect as an original form signature.

I understand that my child/ward or I may be photographed or videotaped while participating in a Park District program. I give permission for photos and video images of my child/ward or me to be used to promote the Park District's recreation programs. Such photos and video images remain the property of the Park District.

The information provided is correct to the best of my knowledge and I know of no reason(s), other than those indicated, why my child should not participate in the activities. I have carefully read the Insurance Liability waiver on this form and understand that my signature is required below in order for myself or my child/ward to participate in the Geneva Park District programs.

Signature of Parent/Guardian _____ Date _____

**GENEVA PARK DISTRICT
REQUEST FOR THE ADMINISTRATION OF MEDICINE**

MEDICATIONS CANNOT BE ADMINISTERED AT THE PARK DISTRICT WITHOUT A DOCTOR'S WRITTEN ORDER AND A WRITTEN REQUEST FROM THE PARENT OR GUARDIAN.

Name of Participant _____ Date of Birth _____
Address City/Zip _____
Day Phone _____ Work Phone _____ Cell Phone # _____
Program _____ Grade _____

Part I - Physician's Statement

1. Name/type of medication
2. Dosage/amount to be given
3. Route of administration
4. Frequency and time of administration
5. Duration (week, month, indefinite, etc.)
6. Diagnosis, intended effect, and anticipated reaction to medication

(Symptoms, side effects, etc.)

7. Other medication child is receiving
8. Other requirements

9. Must this medication be administered during the Park District program in order to allow the participant to attend the program? Yes No

Physician's Signature

Date Signed

Address

Telephone No.

Part II - Parent's Request/Approval

I hereby request and grant permission for Park District staff to dispense medication to my child, _____, according to the above instructions. I further waive any claims against the Park District, members of the Board of Commissioners, its employees, and agents arising out of the administration of said medication and agree to hold harmless and indemnify the Park District, the members of the Board of Commissioners, its employees and agents, from and against any and all liability, claims, demands, damages, or causes of action or injuries, costs, and expenses, including attorney fees, resulting from or arising out of the administration of medication.

Parent / Guardian Signature _____ Phone # _____ Date _____