



Lindenhurst Park District



Before & After School Program Student Information Form: School Year 2019-2020

Child's Name: _____ Birth Date: _____ Start Date: _____

School: _____ Age: _____ Grade: _____ Gender: Male Female

Address: _____ City: _____ Zip: _____

Parent/Guardian Information

Name: _____ Number: _____ Email: _____

Relation: _____

Name: _____ Number: _____ Email: _____

Relation: _____

Authorized Pick-Up/Emergency Contact Information

Name: _____ Relation: _____ Number: _____

Name: _____ Relation: _____ Number: _____

Name: _____ Relation: _____ Number: _____

Special Accommodations

Please list any special needs, allergies, chronic illness, medications/dosages and time, medical information or accommodations (i.e. ADA) and any additional information necessary to understand and care for your child.

Waiver and Release of All Claims

Please read this form carefully and be aware that in signing up and participating in this program / activity, 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 this program / activity (including transportation services / vehicle operation, when provided). I, the undersigned, recognize and acknowledge that there are certain risks of physical injury to participants in this program / activity, that this activity may be considered a hazardous recreational activity, 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 fully and voluntarily waive, release and relinquish all claims I or my minor child / ward may have (or accrue to me or my child / ward) resulting from any and all injuries, damages, or loss that my minor child / ward or I may suffer as a result of participating in this program / activity or using district property against the Lindenhurst Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as "district parties").

Photos are periodically taken in a class, during a special event or at the Districts Parks. Please be aware that these photos are for District use only and may be used in the Districts print and Internet publications.

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, your on-line or facsimile signature shall substitute for and have the same legal effect as an original signature.

Parent/Guardian Signature: _____ Date: _____

Parent Handbook Acknowledgement

I recognize and acknowledge that I have read and understand the Before & After School Program Parent Handbook. I agree to adhere and abide by the policies and procedures outlined in the handbook. Additionally, I will review the policies and procedures with my child to ensure their success in the program.

Parent/Guardian Signature: _____ Date: _____

Child Information Sheet

Child's Name (Please Print): _____

Nickname(s): _____

Is this your child's first experience in a Before & After School Program? _____

If no, please explain.

Tell us about your child's personality.

What does your child like to do for fun?

Is there anything else we need to know about your child?



WELCOME
BACKto
SCHOOL

