Fon du Lac Park District's

Rainbow Junction Registration Form

PASSWORD

Child's Name	Nickname

Child's Age	Birth Date

Mother's Name	Primary Ph
Home Address	Secondary Ph
Place of Employment	Work Ph

Father's Name	Primary Ph
Home Address	Secondary Ph
Place of Employment	Work Ph

Additional persons that your child may be released to and that we can call in case of emergency.
We **MUST** have at two names and phone numbers.

Name	Relationship	Phone
Name	Relationship	Phone

Custody Information – Please list any conditions for custody, if applicable

	Copy of legal papers on file ☐Yes ☐No

Medical Information

Physician's Name	Phone
Preferred Hospital	

List any medications that your child takes – even if we will not be administering the medication to your child in case of emergency.	List any medications / times in which your child will be taking at Rainbow Junction	I give my permission to the Fon du Lac Park District staff to administer the listed medications to my child. ***Parent Signature:***

List any other allergies / medical conditions:

TURN OVER – MORE INFORMATION

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 consent to the use of my minor/ward photograph in Park District brochures, publications, etc.

☐ YES ☐ NO Parent Signature_____

Discipline: Your child/ward is expected to have self-control, respect for others and cooperation skills. Physical harm toward other children and teachers will not be tolerated. If your child/ward does not obey the rules he/she will receive a written warning that must be signed by the parent. Disciplinary problems can lead to suspension and/or dismissal from the program. I hereby consent to my minor/ward participating in any/all activities at Rainbow Junction.

I HAVE READ THIS DOCUMENT AND AGREE TO ITS TERMS.

_____ _____

Parent / Guardian Signature Date

Please tell us a little about your child

For example: family pets - favorite activities - brothers or sisters

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A Fon du Lac Park District Program