## Fon du Lac Park District's Rainbow Junction Registration Form

PASSWORD	

Child's Name		Nickna	me						
Child's Age	Birth Dat	<u>te</u>	Primary		Email				
Mother's Name Prin						mary Ph			
Home Address					Seco	Secondary Ph			
Place of Employment	Place of Employment W					Work Ph			
Father's Name					Prima	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 <b>MUST</b> have at least two names and phone numbers.									
Name		Relationship Phone							
Name	Relationship					Phone			
Custody Infor	mation - Pleas	e list any co	nditions for cust	ody, if a	pplica	ıble			
					Со	Copy of legal papers on file □Yes □No			
					L				
Medical Inform	 nation								
Physician's Name						Phone			
Preferred Hospital									
		dications / times in which your child g 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:			re:					
List any other allergies / medical	conditions:								

## **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	S □ NO	Parent Signature
Physical harm toward the rules he/she will re	other children eceive a writte n and/or dismi	ected to have self-control, respect for others and cooperation skills. and teachers will not be tolerated. If your child/ward does not obey in warning that must be signed by the parent. Disciplinary problems issal from the program. I hereby consent to my minor/ward ainbow Junction.
	I HAVE REA	AD THIS DOCUMENT AND AGREE TO ITS TERMS.
Parent / Guardian Signatu	ure	Date
		se tell us a little about your child e: family pets - favorite activities - brothers or sisters

