

City of O'Fallon Camp Parent Authorization Form

Child's Name _____ Age _____ Birthdate _____

Address _____

City _____ State _____ Zip Code _____

Parent/Guardian's Name _____

Phone (Home) _____ Phone (Work) _____

Additional Phone numbers in case of an emergency (cell, pager) _____

Identify activities that your child **should not** participate in:

The following are special circumstances regarding my child, that you should be aware of (special medications, allergies, seizures, physical limitations, fears, etc.):

Will your child need **any** accommodations to participate in camp?

Yes _____ No _____ If yes, please explain _____

(For Parents or Guardian) The City of O'Fallon Parks and Recreation Department is committed to conducting the City's recreation programs and activities in a safe manner, and holds the safety of participants in high regards. The City of O'Fallon continually strives to reduce risks, and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents or guardians of minors registering for the above listed programs must recognize that there is an inherent risk of injury when choosing to participate in recreational activities and programs. As an adult, you are solely responsible for determining if you, or your minor child or ward, are physically fit, with the prerequisite skills required for the activities contemplated by this agreement. It is always advisable -- especially if the participant is pregnant, disabled in any way, or has recently suffered illness, injury, or impairment -- to consult a physician before undertaking any activity. I give my permission for my child to take part in ALL ACTIVITIES OF THE CITY OF O'FALLON SUMMER CAMP EXCEPT AS NOTED ABOVE. Recreational activities and programs 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 and/or death when participating in any recreational activity or program. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers, and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities or programs exist. In this regard, it must be recognized that it is impossible for the O'Fallon Parks and Recreation Department to guarantee absolute safety. I also agree to grant full permission to the City of O'Fallon to use my name, photograph, videotape, or recordings for any publicity promotion purposes without obligation or liability to me or my family.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

O'Fallon Parks and Recreation
Drop Off and Pick Up Authorization
Parents and Guardians: Please include yourselves on this form!

Child's Name _____

In case of injury or illness and you can not be reached this list will be used to authorized care for your child. Please put them in the order that you wish us to contact them for such an emergency. Please initial the box if the following people are authorized to drop off and pick up your child from the O'Fallon Parks and Recreation Summer Day Camp program. I understand my child will be allowed to be dropped off and picked up by these individuals ONLY. Proper photo identification will be required when signing the child in and out of camp.

Authorized Person #1 _____
Address _____
Phone _____ Relationship _____

Authorized Person #2 _____
Address _____
Phone _____ Relationship _____

Authorized Person #3 _____
Address _____
Phone _____ Relationship _____

Authorized Person #4 _____
Address _____
Phone _____ Relationship _____

Authorized Person #5 _____
Address _____
Phone _____ Relationship _____

Authorized Person #6 _____
Address _____
Phone _____ Relationship _____

Authorized Person #7 _____
Address _____
Phone _____ Relationship _____

Authorized Person #8 _____
Address _____
Phone _____ Relationship _____

Authorized Person #9 _____
Address _____
Phone _____ Relationship _____

Parent/Guardian Signature: _____ Date: _____