

Joliet Park District Participation Information Form



Program Name: _____

Participant's Name: _____ Male Female

Address: _____

Birthdate: _____ Age: _____ Grade: _____

T-Shirt Size (please check one): YOUTH: 6/8 10/12 14/16 ADULT: Small Medium Large

Mother/Legal Guardian: _____

Father/Legal Guardian: _____

Address: _____
Street/City/State/Zip

Address: _____
Street/City/State/Zip

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

Email Address: _____

Email Address: _____

Work Address: _____
Street/City/State/Zip

Work Address: _____
Street/City/State/Zip

Parents are: Living Together Separated Divorced Other

ADDITIONAL EMERGENCY / PICK-UP CONTACTS:

Please list those authorized to transport your child to and from the program.

Name: _____ Name: _____ Name: _____

Relation: _____ Relation: _____ Relation: _____

Phone Number: _____ Phone Number: _____ Phone Number: _____

In the event that someone who does not usually transport your child should arrive for pick-up, they will be required to produce a photo ID before a child will be released. The Individuals listed above will also be contacted in the event of an emergency or illness if we are unable to reach you.

Signature of Parent or Guardian: _____ Typing your name in this field will act as your signature. Date: _____

Will your child be walking/riding their bike to and from the program?*	Yes <input type="radio"/>	No <input type="radio"/>	
IF YES, YOU WILL NEED TO FILL OUT THE PERMISSION TO LEAVE AND RETURN PROGRAM WITHOUT ADULT ESCORT			
Does your child have any medical conditions or disabilities?	Yes <input type="radio"/>	No <input type="radio"/>	Please explain:
Does your child have any physical limitations that would require adaptive activities?	Yes <input type="radio"/>	No <input type="radio"/>	Please explain:
Does your child have allergies?	Yes <input type="radio"/>	No <input type="radio"/>	Please explain:
Does your child have dietary restrictions?	Yes <input type="radio"/>	No <input type="radio"/>	Please explain:
Does your child have seizures?	Yes <input type="radio"/>	No <input type="radio"/>	If yes, how often?
Is your child on medications?	Yes <input type="radio"/>	No <input type="radio"/>	If yes, list medications:
Is medication required during the program hours?	Yes <input type="radio"/>	No <input type="radio"/>	
IF YES, YOU WILL NEED TO FILL OUT THE PERMISSION TO DISPENSE MEDICATIONS WAIVER & INFORMATION SHEET			
Are your child's immunizations up to date:	Yes <input type="radio"/>	No <input type="radio"/>	
When was your child's last tetanus shot?			Date:
Does your child need a life-vest to swim?	Yes <input type="radio"/>	No <input type="radio"/>	Please describe, in detail, your child's swimming abilities:

*Does not apply to SRJC, Sunshine & Rainbows Early Learning Center or Early Childhood participants.

Does your child use adaptive devices in the water?	Yes <input type="radio"/>	No <input type="radio"/>	Please explain:
On what level does he/she participate in most activities? <input type="radio"/> High <input type="radio"/> Moderate <input type="radio"/> Low <input type="radio"/> None	Please explain what types of activities your child enjoys:		
What type of structure does he/she respond to best during activities? <input type="radio"/> Highly Structured <input type="radio"/> Moderately Structured <input type="radio"/> Unstructured	Please explain:		
Is your child able to follow directions?	Yes <input type="radio"/>	No <input type="radio"/>	Please explain:
Which type of directions work best? <input type="radio"/> Verbal <input type="radio"/> Demonstration <input type="radio"/> Combination of both	Please explain:		
How does he/she relate to a group most of the time? <input type="radio"/> Prefer to be with group <input type="radio"/> Prefer to be by him/herself	Please explain:		
Please describe the type of discipline your child responds to best:			
Is he/she able to adjust to new settings easily?	Yes <input type="radio"/>	No <input type="radio"/>	Please explain:
Does your child cope with unexpected changes in daily schedule?	Yes <input type="radio"/>	No <input type="radio"/>	Please explain:

PARTICIPANT'S FUN FACTS: PLEASE ASK YOUR CHILD TO PROVIDE THESE ANSWERS.

Favorite Activity: _____	Favorite Animal: _____
Favorite Candy: _____	Favorite Flower: _____
Favorite Place: _____	Favorite Sports Team: _____
Favorite Color: _____	Favorite Song/Group: _____
Favorite Food: _____	Favorite Season: _____
What Do They Want To Be?: _____	

EMERGENCY CARE AUTHORIZATION

In the event of an emergency, I hereby authorize Joliet Park District to secure from any licensed hospital, physician, or medical personnel any treatment deemed necessary for my child's/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I also authorize staff to administer CPR & First Aid for which they are trained. In case of an accident or health emergency, paramedics will be called. Every effort will be made to contact parents or guardian immediately.

Signature of Parent or Guardian: _____ Typing your name in this field will act as your signature. Date: _____

WAIVER

You must sign and date waiver to participate in park district programs. Please read carefully and be aware that in registering yourself or your minor child/ward for participation in the program(s), you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the program(s).

I recognize and acknowledge that there are certain risks of physical injury to participants in the program(s) and I agree to assume the full risk of any such injuries, damages or loss regardless of severity, which my child/ward or I may sustain as a result of participating in any activities connected or associated with any such program(s) including transportation services and vehicle operations, when provided. I waive and relinquish all claims I or my child/ward may have against the Joliet Park District and its officers, agents, servants and employees as a result of participation or the participation of my child/ward in any of the program(s). I further agree to indemnify and hold harmless and defend the park district and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and loss sustained by me or by my child/ward, arising out of, connected with, or in any way associated with the activities of any of the program(s). I have read and fully understand the program details and waiver and release all claims.

Signature of Parent or Guardian: _____ Typing your name in this field will act as your signature. Date: _____

LATE FEE STATEMENT:

I understand that my child may be picked up five minutes before or after ending time of the program/camp that I have registered them for. If I arrive after this time, a late fee will be assessed for the program, with one courtesy allowance. The late fee is \$10.00 for 5-15 minutes after pick-up and an additional \$5.00 for each 5-minute period beyond 15 minutes. An acknowledgement form must be signed and the fee must be paid by the following business day or my child will not be able to attend the program that day. I understand that if this is the fourth time this child has been picked-up late, my child may be dismissed from the program.

I have read and understand the Late Fee agreement with the Joliet Park District.

Signature of Parent or Guardian: _____ Typing your name in this field will act as your signature. Date: _____

MOVIE PERMISSION

My child has permission to view movies at the program. I understand that all movies shown will have ratings of "G" or "PG".

Signature of Parent or Guardian: _____ Typing your name in this field will act as your signature. Date: _____

Please list any movies that you feel may not be appropriate for your child/children: _____

Sign & Return to the Joliet Park District

Joliet Park District Programs Behavior Guidelines and Disciplinary Procedures

Participants are expected to always exhibit appropriate behavior in order to maintain a safe and enjoyable environment. As with any large group of children, a strict discipline policy must be enforced by the Joliet Park District Staff. We ask that you, as parents, please go over this information with your child so they are aware of the consequences of unacceptable behavior. Below is a list of some common unacceptable behavior that will not be tolerated.

1. Harming one's self such as, but not limited to
 - A. Leaving designated grounds without permission
 - B. Leaving designated group without permission
 - C. Physical damage to self
 - D. Possession, use or transfer of alcohol, illegal drugs, tobacco or tobacco products...this includes matches and lighters

2. Harming others such as, but not limited to:
 - A. Fighting
 - B. Throwing objects at or near others
 - C. Bringing or using weapons...knives, glass, sharp objects, etc.
 - D. Extreme verbal use
 - E. Profanity
 - F. Other aggressive behaviors

3. Damage to property
 - A. Vandalism
 - B. Tantrums resulting in damage to property
 - C. Breaking, damaging or destroying property
 - D. Theft: taking any item that does not belong to the participant

Note: Parent/Guardian of program participants will be responsible for any damages caused by their child/participant.

DISCIPLINE PROCEDURES

Staff will reinforce appropriate behavior through firm statements and redirection of activity. Listed below are the discipline procedures for campers who are exhibiting unacceptable behavior.

Time Outs are used as a disciplinary measure for minor infractions of the program rules. During a time out, a participant will have to sit out from activities including games, crafts, swimming or a special event. If the misbehavior continues or if a more serious infraction has taken place, the 3 strike process will begin to take effect.

1st strike: Warning: A form will be given to the parents/guardian to be signed and acknowledged by the parent/guardian and program participant.

2nd strike: Warning/Suspension: A form will be given to parent/guardian to be signed. Also, a meeting will be held with the participants and parent/guardian in which suspension for the following day may be a result if deemed necessary by Program Director.

3rd strike: Warning/Suspension: A form will be given to parent/guardian to be signed. Also, a meeting will be held with the participant and parent/guardian of participant in which suspension may be a result if deemed necessary by Program Director

OUT!: Participants will be dismissed from current session of program or for the next couple sessions. A refund will not be issued for any missed days due to unacceptable behavior.

****The Joliet Park District staff reserves the right to suspend or expel any participant whose actions are seen as detrimental to the camp program. Each situation will be evaluated on its own merit. The staff may develop additional rules for each site as they deem necessary.

I have read and discussed the Discipline Policy of the Joliet Park District with my child. I also acknowledge that I received adequate information and understand the disciplinary action taken by the Joliet Park District.

Signature of Parent or Guardian: _____ Typing your name in this field will act as your signature. Date: _____

Signature of Child: _____ Typing your name in this field will act as your signature. Date: _____

Does not apply to Sunshine & Rainbows Early Learning Center or Early Childhood participants.

(One signed copy of the Discipline Policy must be returned to the Joliet Park District by the beginning of the program. Only one completed Discipline Policy is needed per participant for the entire year.)