

ASP Kids Summer Activities 2017 REGISTRATION, PERMISSION, MEDICAL RELEASE

S-M Family Services After School & Teen Prevention Program
N8605 Oak St. Bowler, WI 54416 Office # 793-4085

I give my child, _____ Date of Birth: _____ Grade: _____ permission to participate in the above described S-M Family Services After School & Teen Prevention Program activity. I understand that my child will not be allowed to go on any trips or participate in activities sponsored by the Family Services Program unless he/she has the consent of his/her parent/guardian and a medical release.

Home # _____ Work # _____ Cell # _____ email: _____

I do not hold the Stockbridge-Munsee Community or Stockbridge-Munsee Family Services Program responsible for any injuries that may occur to my child while participating in this activity. I also give the Family Services Staff/designated chaperone permission to act in loco parentis to seek medical attention, if needed by my child as the result of participating in this activity. I also request that I be notified as soon as possible if my child is injured.

- My child understands and agrees to obey all Family Services rules and model safe, admirable behavior.

Special Requirements legal or otherwise that you would like to inform staff of: _____

Photograph I give S-M Family Services programs permission to photograph for promotional purposes; newspaper, Facebook, & videos. Please inform photographer if you do not wish to be photographed.

Permission to walk home on their own: YES _____ Parent signature _____

MEDICAL/HEALTH CONCERNS of which program personnel should be aware? (e.g. allergies, asthma, seizures, etc.)

PLEASE INITIAL: If I answer YES I have an action plan in place with staff as specified above.

My child needs an inhaler Yes _____ No _____

My child needs an epi pen Yes _____ No _____ Allergies: _____

WAIVER OF LIABILITY: This section involves a release of your legal rights – please read carefully.

Please fill your name in **ONLY ONE** of the options listed below:

Option A

I, _____, agree to allow the Stockbridge-Munsee Community to provide transportation to and from the event for the youth named on the reverse side. If the Community is conducting the event, I further agree to allow my child to participate in the event. _____
(initial here)

I understand that signing this form releases the Stockbridge-Munsee Community from liability for any and all accidents that may occur while the Community is transporting my child to and from the event and/or conducting this event. _____ (initial here)

OR

Option B

If you wish to provide your own transportation for the youth named on the reverse side, you may do so. The Community is not liable for children who are not transported by the Community. I, _____, agree to provide a different means of transportation for the youth other than from the Community.

If the Community is conducting the event, I agree on my or my child's behalf to allow the youth to participate in the event. I understand that signing this form releases the Stockbridge-

Munsee Community from liability for any and all accidents that may occur while the Community is conducting this event. _____ (initial here)

I have completed this form to the best of my knowledge. In the event of sudden illness or injury, permission is granted to obtain appropriate medical care.

Parent/Guardian Signature

Contact # I prefer to be reached at this telephone number.

Date