

REGISTRATION FORM 2021

Please Print. One form per child. A New form must be filled out each year. Check where appropriate

FAMILY INFORMATION

Child's last name:	First:	Middle:	<input type="checkbox"/> M <input type="checkbox"/> F	Age:	Birth date: / /
Child's School:	Grade (Entering/Current) : <input type="checkbox"/> K5 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8			Child's T-Shirt Size <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL	
Street Address:	Apt #:	City:	State:	ZIP Code:	

Parent/Guardian 1

Name:	Relationship:	Resides with child? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Street Address:	Apt #:	City:	State:	ZIP Code:	

Phone Primary: () -	Phone Secondary: () -	Email:
Best way to reach you during Summer Camp? <input type="checkbox"/> Primary Phone <input type="checkbox"/> Secondary Phone <input type="checkbox"/> Email <input type="checkbox"/> Other: _____		

Parent/Guardian 2

Name:	Relationship:	Resides with child? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Street Address:	Apt #:	City:	State:	ZIP Code:	

Phone Primary: () -	Phone Secondary: () -	Email:
Best way to reach you during Summer Camp? <input type="checkbox"/> Primary Phone <input type="checkbox"/> Secondary Phone <input type="checkbox"/> Email <input type="checkbox"/> Other: _____		

Alternate Authorized Pick up and Emergency Pick Up

<input type="checkbox"/> Name:	Primary Phone: () -	Relationship:
<input type="checkbox"/> Name:	Primary Phone: () -	Relationship:
<input type="checkbox"/> Name:	Primary Phone: () -	Relationship:

HEALTH/MEDICAL HISTORY

(If something does not apply, please use N/A)

Has your child had any of the following (check all that apply):	<input type="checkbox"/> None <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Asthma <input type="checkbox"/> Autism <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy/Seizures
	<input type="checkbox"/> Cerebral Palsy/Motor Disorder <input type="checkbox"/> Cognitively Disabled <input type="checkbox"/> Sensory Concerns <input type="checkbox"/> Other

Please Explain: _____

Dietary Restrictions: _____ Food/Milk Allergies: _____

Non-Food Allergies: _____ Status of Vision, Hearing & Speech: _____

Other conditions requiring special care: _____

Triggers that may cause any of the above problem (specify): _____

Signs or Symptoms to watch for: _____

Steps the childcare provider should follow: _____

When to consider that the condition requires emergency medical care or reassessment: _____

Any other information you would like to provide: _____

Is this child currently taking any medications? YES NO If yes, what kind and why: _____

If medication needs to be administered during program, a Medication Dispensing form MUST be completed.



SUNSCREEN/INSECT REPELLENT

Please check all that apply.

- I authorize the Rec Dept. to allow my child to self – apply sunscreen.
- My child may use sunscreen provided by the Rec Dept. if theirs runs out
- My child can only use sunscreen provided by parents

- I authorize the Rec Dept. to allow my child to self – apply insect repellent.
- My child may use insect repellent provided by the Rec Dept. if theirs runs out
- My child can only use insect repellent provided by parents

PARENT GUARDIAN AUTHORIZATION

I authorize the Recreation Department to use photographs and videos of the person named in this application as may be needed for its public relations programs, including social media.

- I approve this application and certify that the applicant is capable of such an experience.
- I grant permission for the applicant to participate in all planned activities and off site trips by walking, van or bus (when applicable).
- I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately. I authorize staff/volunteers to administer first-aid. Prudent attempts will be made to contact the parent/guardian immediately.
- I authorize Recreation Department Staff to accompany my child to the nearest hospital by rescue squad in the event of emergency.
- I agree to release the Mequon Thiensville Recreation Department from any liability for the risk of illness, accidents or injury.
- The Recreation Department is not responsible for lost, stolen or damaged personal items.
- I understand that the Recreation Department or Staff can remove my child from program for behavior and can suspend my child from program indefinitely.
- I understand no pets on location.
- I understand that if my child required alternative arrival or release, I will complete a separate form with updated information on it.
- I understand that failure to complete all mandatory forms will result in a forfeited spot in program. No exceptions.
- I understand that fees are established based on a schedule, not attendance, and that I am responsible for all fees.
- I understand program fees must be paid seven days prior to the start of the program week registered for.
- I understand my child must be potty trained to attend program.
- I understand that in signing this form that I agree to adhere to all policies and procedures listed in the parent handbook.
- I agree to waive any claims against the Recreation Department and its members and volunteers for injuries or damages that may result from the conduct of other persons including participants in the Recreation Department programs.
- I understand my child will be provided a shirt and must wear it on scheduled field trip days.
- I understand that I must provide a healthy lunch for my child that refrigeration and microwaves will not be available for use.
- I understand that I must provide a child with a water bottle, labeled with their name for each day of program.
- I understand by not sending my child with a field trip shirt, lunch, or water bottle I agree to be charged an additional fee for a replacement.
- I understand that athletic shoes are required footwear that must be worn or sent to program each day, as well as appropriate clothing or protection for the weather.
- I certify my child has no health issues that would limit their participation in program and any health or medical concerns have been disclosed.
- I understand that I am required to notify Recreation Department Staff of any changes to my child's personal information, medical history, authorized pickups or schedule changes.
- I hereby give consent for the Recreational Supervisor and Recreation Department staff to discuss any necessary information not provided on this registration form, with my child's teacher or school district staff to ensure my child's time in the program is successful.
- I understand no refunds are given.

Liability Waiver

I/We, the undersigned or parent/guardian of the individual named above, do hereby agree to allow the above named to participate in the aforementioned activity(ies). I/We assume all risks and hazards incidental to such indemnify and agree to hold harmless the M-T Recreation Department employees, staff, and other persons for any and all claims, injuries, liabilities, damage or right of action directly or indirectly arising out of use of M-T Recreation department activities. Furthermore, the individual named herein is in good physical condition appropriate for the stated activity(ies) and the participants must assume full responsibility for injuries incurred while taking part in an activity. I am/We are aware of and understand that the Mequon-Thiensville School District and the M-T Recreation Department does not provide accident insurance. I/We have read and agree to the registration and related department policies, including the right to use my or my child's photograph or image with or without my or my child's name, both single and in conjunction with other persons or objects for any and all purposes including, but not limited to, private or public presentations, advertising, publicity, and promotion relating there to.

Parent/Legal Guardian Signature _____ Date _____

Print Name _____