

Maize Recreation's Fun Factory Fun Days 2010-2010

ALL FORMS MUST BE COMPLETED WITH PROPER SIGNATURES before enrollment will be accepted.

Name: _____ Birthdate _____ Grade _____

Address: _____ City: _____ Zip: _____

Does child take medication? Yes No

If yes, the medication self-administration form must be completed. Doctor's signature is required. You may download this form at www.maizerec.com

Please list any health conditions or allergies your child might have:

PARENT/GUARDIAN INFORMATION

First Parent/Guardian Name: _____

Address (if different from camper's) _____ City/Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail Address: _____

EMERGENCY CONTACT INFORMATION (other than parents)

Name#1 _____ Relationship _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

PLEASE CIRCLE THE DAYS YOUR CHILD WILL ATTEND:

September 23 September 24 October 18 November 24
December 20 December 21 December 22 January 3
January 17 February 3 February 4

Drop Off Time: _____ Pick Up Time: _____

WAIVER FOR PARTICIPATION

- 1 I/We the below signed person/parent(s) having legal custody/legal guardianship of said minor, give permission for said minor to attend any MRC activities supervised by authorized MRC staff. Said minor is physically able and mentally prepared to participate in all activities.
- 2 I/We do hereby authorize the MRC and MRC staff to transport said minor in Maize USD 266 bus, van, car or other vehicle to/from the site for daily transportation and/or field trips, emergency care, etc.
- 3 I/We have read and understand the MRC's policies concerning discipline and will pass this information along to my/our child. I/We understand that the MRC reserves the right to dismiss any child who fails to adhere to MRC Fun Factory rules and regulations.
- 4 I/We understand fully and will abide by the MRC's policy concerning drop off and pick up of children. I/We shall be prepared DAILY to present photo ID to on-site staff to determine my/our identity as authorized persons to pick up my/our child. Further, I/We shall inform others who are authorized to call for our child to present photo ID when picking up my/our child.
- 5 I acknowledge that by my signature below, the registrant listed above is participating in the Maize Recreation Commission programs at his/her own risk. Maize Recreation Commission, Maize School District, City of Maize, successors and assigns shall not be held liable for any accidents, illness, injury or damage to property. Maize Recreation Commission does not provide any medical insurance for accidents. Parent's/Guardians are responsible for insurance. Parents must sign for children, 18 and under, entering program. Registration is not valid without signature.

Signature _____ Date _____