chicago park district
Participant Information

Park Name: _____

Receipt Numbers	Class Name	Activity Codes

PARK USE ONLY

NOTE: This form must be filled out in its entirety without modification or participation will be denied.

Participant Information

Participant Names(s)

Street Address, Apt/Unit | Gender | Birth Date | Phone Number

City, State, Zip Code | Email Address

School (if student) | Grade (if student) | Age | T-shirt size*

*Not all programs provide T-shirts. Choose from youth sizes 2T-4T, 2-3, 4-5, 6-8, 10-12, 14-16, or adult sizes S, M, L, XL

Emergency Information

Primary Contact

Name (Parent/Legal Guardian if Participant is a child) | Participant's Physician/Hospital Name | Phone Number

Day Phone | Evening Phone | Relationship to Participant | Insurance Company | Policy Number

Secondary Contact

Name

Day Phone | Evening Phone | Relationship to Participant

Participant Special Needs, Such as Allergies/Medications

In the event of a medical emergency, I hereby authorize and give my consent to the Chicago Park District and its employees, coaches and/or volunteers to secure from any accredited hospital, clinic, and/or physician any treatment deemed necessary for my or my child's immediate care. I agree that I shall remain responsible for any and all expenses incurred for such emergency medical care and treatment.

Signature (Parent/Legal Guardian if Participant is a child) | Date

Agreement to Participate

I hereby give permission for my child to participant in park activities, including swimming and field trips. I fully assume all responsibility for injuries she/he or I may receive or articles lost while participating in these activities or while in travel to or from said activities and field trips, and hereby release the Chicago Park District and its employees from liability for any injury I or my child(ren) may sustain.

I hereby grant permission to the Chicago Park District for the use of any and all photos in which I or my child(ren) may appear (wards of the State excluded). The usage is inclusive of, but not limited to, the publication or inclusion in brochures, posters, catalogs, handbooks, banners, and broadcast or print advertisements. I agree to waive any claim to compensation for use of said photos.

I have received, read, and understand the "Program Information Sheets for Parents" (for Summer Camp and PARK kids only) and agree to abide by the policies stated therein. I understand that this form will be due the first day of class or my child will not be enrolled. I have read and agreed to all the information contained in the above Parental Agreement and have filled out emergency information on my child(ren).

Signature (Parent/Legal Guardian if Participant is a child) | Date

All attendee program data will be managed in a Chicago Park District Database.

Parent/Legal Guardian Agreements

The following agreements apply to all Park District programs

Who is permitted to pick up your child(ren)? Your child(ren) will only be released to listed person(s). Anyone picking up a child must present a picture I.D.

Name | Relationship to Child

Name | Relationship to Child

Name | Relationship to Child

Is anyone prohibited from picking up your child(ren)? ☐ Yes ☐ No

Name | Relationship to Child

My child(ren) may walk home unescorted at time of dismissal. ☐ Yes ☐ No

I understand my child must by picked up daily by the assigned dismissal time or a $5.00 per 30 minutes late fee will be assessed. Warning: Repeated late pick up (more than twice) will result in the expulsion of your child from the program. If you child has not been picked up by 8:00 p.m., the park staff will contact the Police Department.

Signature Parent/Legal Guardian | Date

(Modified 4/18/2007)