



GOLF MAINE PARK DISTRICT PRESCHOOL ENROLLMENT FORM

AM ____ PM ____
Birth Date ____ / ____ / ____
M D Yr

Please Print

Child's Name _____ M ____ F ____
Last First

Home Address _____
Street Address Apt/Unit # City Zip Code

Home Phone _____ Email _____

Mother's Name _____ Cell # _____ Work# _____

Father's Name _____ Cell # _____ Work# _____

Does the child have any disabilities, allergies or other health problems that we should be aware?
Yes _____ No _____ If yes, please explain

Does the child require any disability-related special accommodations or assistance?
Yes ____ No ____ If yes, please explain below.

MEDICAL CARE AUTHORIZATION:
If your child sustains a minor injury, the Preschool staff will administer basic first aid. If the injury requires more than basic first aid, your child will be taken to the nearest hospital for emergency medical care. By signing this form, you are authorizing the Preschool staff to provide basic first aid and/or obtain emergency medical care for your child and you agree to pay for all charges related to the medical care provided.

* * * * *

Staff Use Only

_____ A.M. 5 Days \$250.00 Deposit - Date & Receipt No. _____

_____ P.M. 4 Days \$250.00 Deposit - Date & Receipt No. _____

MAKE CHECKS PAYABLE TO: GOLF MAINE PARK DISTRICT

**THERE WILL BE NO REFUNDS ISSUED AFTER AUGUST 27, 2012.
AN ADMINISTRATIVE FEE OF \$100.00 WILL BE CHARGED
FOR CANCELLATIONS PRIOR TO AUGUST 27, 2012**

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REVERSE SIDE OF THIS FORM MUST ALSO BE COMPLETED & SIGNED BY PARENT/GUARDIAN

EMERGENCY CONTACTS & PICK-UP AUTHORIZATION

In the event of an emergency, you and/or the child's other parent/guardian also listed on this form will be contacted first. Please provide below the names of two (2) other individuals who can be contacted if parents/guardians cannot be reached. By listing these individuals, you are authorizing them to pick-up your child from our Preschool program:

1. Name _____ Relationship _____
Home Phone _____ Work Phone _____
2. Name _____ Relationship _____
Home Phone _____ Work Phone _____

PHOTO POLICY:

Photographs are occasionally taken of participants in our park district programs and may appear in local newspapers and/or park district publications for promotional/public relations purposes.

MEDICAL/HEALTH REQUIREMENTS:

Compliance with the Preschool "Health and Medical Requirements" is Mandatory before the child begins school.

WARNING OF RISK

Recreational activities are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slip and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities exist. In this regard, it must be recognized that it is impossible for the Golf Maine Park District to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in the above programs, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with these programs (including transportation services and vehicle operations, when provided).

As a participant in the above program(s), I recognize and acknowledge that there are certain risks of physical injury and those listed above agree to assume the full risk of any injuries, including death, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of participation in any and all activities connected with or associated with such programs. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participation in the programs(s), against the Golf Maine Park District, its officers, agents, servants and employees.

I have read the above recreation waiver and release of all claims and assumption of risk and understand that my signature is required below in order to participate in any Golf Maine Park District programs. Signature is required of all participants 18 years or older and of parent/guardian for those participants under 18 years of age. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Parent/Guardian Signature

Date