Please fill in all information. Information will translate to all locations it is needed on the forms in the packet. You will still need to input further information on Page 2 (Medical Information), Page 4 (Waiver/Permission Form), and Page 5 (Media Release). You will need to print the packet and sign in necessary locations.

Program Location (Drop-Down): Location _____

Today's Date _____
CHILDS FIRST AND LAST NAME _____
Age _____ Gender ☐Male ☐Female
Grade in 2015-16 (drop-down) Grade _____
Date of Birth _____
School _____

Mother Name _____
Mother Address _____
Mother City/State _____
Mother Zip _____
Mother Phone _____
Mother Email _____
Mother Employer/Phone _____
Mother Employer Address _____

Father Name _____
Father Address _____
Father City/State _____
Father Zip _____
Father Phone _____
Father Email _____
Father Employer/Phone _____
Father Employer Address _____

CHILDS PHYSICIAN _____
Physician Phone _____

Person(s) to whom the Child may be Released, and EMERGENCY CONTACTS when the Parent(s)/Guardian(s) cannot be reached.

Person 1 Name _____
Person 1 Relationship _____
Person 1 Home/Cell _____
Person 1 Work _____

Person 2 Name _____
Person 2 Relationship _____
Person 2 Home/Cell _____
Person 2 Work _____

Person 3 Name _____
Person 3 Relationship _____
Person 3 Home/Cell _____
Person 3 Work _____

Person 4 Name _____
Person 4 Relationship _____
Person 4 Home/Cell _____
Person 4 Work _____

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FAMILY INFORMATION FORM

Location: Location

CHILD'S FIRST AND LAST NAME: _____ ☐ Male ☐ Female

Age: _____ Grade in 2015-16: Grade Date of Birth _____ School Attended_____

This line for office use only Enrollment Date: _____ Updates: _____ Date Care Ceased: _____

MOTHER/LEGAL GUARDIAN INFORMATION

NAME:_____

ADDRESS: _____

CITY & STATE:_____ ZIP _____

HOME/CELL PHONE: _____

EMAIL ADDRESS: _____

EMPLOYER & WORK PHONE:_____

EMPLOYER ADDRESS:_____

FATHER/LEGAL GUARDIAN INFORMATION

NAME: _____

ADDRESS: _____

CITY & STATE: _____ ZIP _____

HOME/CELL PHONE: _____

EMAIL ADDRESS: _____

EMPLOYER & WORK PHONE:_____

EMPLOYER ADDRESS:_____

Person(s) to Whom the Child(ren) may be Released to and EMERGENCY CONTACTS when the Parent/Guardian cannot be reached:

NAME: _____

RELATIONSHIP TO CHILD: _____

HOME/CELL PHONE: _____

WORK PHONE: _____

NAME: _____

RELATIONSHIP TO CHILD: _____

HOME/CELL PHONE: _____

WORK PHONE: _____

NAME: _____

RELATIONSHIP TO CHILD: _____

HOME/CELL PHONE: _____

WORK PHONE: _____

NAME: _____

RELATIONSHIP TO CHILD: _____

HOME/CELL PHONE: _____

WORK PHONE: _____

WE MUST BE NOTIFIED OF ANY CHANGES TO THE ABOVE LIST.

CHILD SPECIFIC INFORMATION

CHILD'S PHYSICIAN: _____ PHONE: _____

Does your child have allergies to specific FOODS or INSECT BITES or STINGS? ☐ NO ☐ YES
If yes please describe the action plan for your child:

_____

Does your child have medical conditions such as asthma, diabetes, etc.? ☐ NO ☐ YES
If yes please describe the action plan for your child:

_____

Will your child need to take medications while at a Parks and Recreation program? ☐ NO ☐ YES

If you answered YES to the previous question, you must complete a medical consent form prior to Parks and Recreation staff administering medicine to your child.

REVISED: 3/23/2015

WAIVER and RELEASE OF CLAIMS

CHILD'S FIRST AND LAST NAME: _____

For and in consideration, the undersigned parent(s) or guardian(s) of the participant in the Child Care Program, I/we recognize and acknowledge that there are certain risks of physical injury and I/ we agree to assume the full risk of any injuries, including death, or loss which the undersigned or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program. I/we do hereby declare that I/we waive all claims of whatsoever kind or nature against the City of Lincoln and the Parks and Recreation Department, its officials, officers, agents, employees and volunteers from any and all claims arising from injuries, including death, damage or loss which I/we or my minor child/ward may incur or may accrue to me or my minor child/ward on account of participation in the activities of this program. I/we further agree to indemnify and hold harmless and defend the City of Lincoln and the Parks and Recreation Department, its officials, officers, agents, employees and volunteers from any and all claims resulting from injuries, including death, damages and losses sustained by the undersigned or my minor child/ward or arising out of this program. I/we have read and understand the above Waiver and Release of All Claims and understand the effect of the relinquishment.

Parent Name (please print):_____

Relationship to participant: Mother Father _____

X_____

SIGNATURE OF PARENT AND/OR GUARDIAN **DATE**

➢➢➢

WAIVER and PERMISSION FORM

CHILD'S FIRST AND LAST NAME: _____

Parent must indicate 'yes' or 'no' to the following:

☐ YES ☐ NO I give staff permission to transport my child for the purpose of program activities whether by van transportation, City bus system, or by walking during any of the days at a Parks and Recreation program.

☐ YES ☐ NO I give my permission for Parks and Recreation staff to apply sunscreen as needed applied liberally, for outdoor play, field trips, and especially for swimming or other water activities. It is expected that sunscreen be supplied by parent or guardian but in case the sunscreen runs out or is not available at their present location, program staff will supply the child with adequate sunscreen and/or assist the child with the application. (Product Fact Sheet is available for review at the program location for the sunscreen provided by center.)

☐ YES ☐ NO I give my permission for Parks and Recreation staff to apply insect repellant when necessary. We often apply more repellent to clothing than to skin. Program staff will apply the insect repellant. (Product Fact Sheet is available for review at the program location.)

☐ YES ☐ NO I have read Parks and Recreation's Rules and Discipline Policy and have discussed with my child. I understand that disciplinary steps may proceed faster than outlined depending on the circumstances.

☐ YES ☐ NO I give my permission for Parks and Recreation staff to share and receive necessary information from all Parks and Recreation partners to assist with providing the best program experience for my child.

☐ YES ☐ NO In the event of any emergency, I authorize Lincoln Parks and Recreation and cooperating agencies/organizations to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment and any and all medical services rendered.

☐ YES ☐ NO I give my permission for Parks and Recreation staff to escort my children off the program premises for swimming/wading activities. I understand Parks and Recreation will only swim at public pools that are permitted to operate by the State of Nebraska.

☐ YES ☐ NO I give my permission for my child to swim in water over their head.

☐ YES ☐ NO Do you want your child to wear a life jacket while swimming in any pool other than a Wading pool or Spray ground?

By signing below I give permission for my child to participate in program activities. I understand that Parks and Recreation does not carry health and accident insurance for my child, and that I as guardian will be responsible in case of injury where bills are incurred.

I understand that my child may be dismissed for failure to follow rules and failure to follow general operating procedures of the program. As a parent/guardian, I will work as a partner with staff to ensure my child is successful in the program. The information I have listed is correct to the best of my knowledge and I will notify the program staff of any changes to the information in a timely manner.

X_____

SIGNATURE OF PARENT AND/OR GUARDIAN **DATE**

REVISED: 3/23/2015

MEDIA, TALENT and PRODUCTION CONSENT and RELEASE

CHILD'S FIRST AND LAST NAME: _____

PARENT/LEGAL GUARDIAN: _____

GRANTED TO: City of Lincoln on behalf of Parks & Recreation Department
I, the undersigned, hereby authorize the City of Lincoln and the Parks & Recreation Department, including its assigns and agents, to use my name, statements, image, voice, videos, or likeness for the purpose of promotion or public information without obtaining further consent or without prior knowledge of such use. I understand that I am to receive no compensation of any kind as a result of any publication, recording, broadcast, rebroadcast or other non-broadcast uses thereof. I understand that the statements, image, voice, videos, or likeness may be altered as required for publication or distribution. I hereby release and hold harmless the City, its successors and assigns and its elected officials, directors, agents, officers, and employees for any violation of any personal or proprietary right or any other claims I may have in connection with such use.

The Parks & Recreation Department shall have ownership of resultant production using my image and shall have the exclusive right to make use of such production as stipulated below:
1. Availability for use in training;
2. Availability for use by the participants in a training course;
3. Availability for viewing in connection with the Parks & Recreation Department;
4. Availability for use of Web pages and other Internet sites created or used by the Parks & Recreation Department;
5. Availability for use in promotional brochures, newsletters, and other publications of the Parks & Recreation Department.

I have the full right and legal capacity to sign this consent and release. I have read this consent and release prior to signing it, and I understand its contents.

RELEASE TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN OF AN ATHLETE OR PARTICIPANT WHO IS UNDER 19 YEARS OF AGE----OR IF ATHLETE OR PARTICIPANT IS 19 AND OVER AND HAS A LEGAL GUARDIAN

□ YES □ NO

Child's Name: _____

Parent's Name:_____ Parent's Signature:_____
Please Print

Address _____Phone _____

Date Signed:_____

Parks Department Staff ONLY, please list date taken/produced, name of event,
_____

REVISED: 3/23/2015

LINCOLN PARKS and RECREATION
LATE PICK-UP POLICY and FEE

It is Lincoln Parks and Recreation policy to assess a "late pick-up fee" to any parent/guardian that fails to pick up their child(ren) prior to the 6PM closing time. This is necessary due to the increasing number of late pick-ups that are occurring. A Lincoln Parks & Recreation Incident Report will be completed each time a child is picked up late.

Parents/Guardians may be assessed a $5 late fee PER CHILD for every 15 minute block of time they are late (i.e. 6:01-6:15=$5/child & 6:16-6:30=$10/child). Payment can be made on site to the Parks and Recreation staff when the child(ren) is/are picked up. Notice of the late pick-up fee will be kept on file at the Playground Office (1225 F St.) and may also be paid there. This fee must be paid prior to the child(ren) attending the service again.

Unless staff has been notified of an unavoidable and extreme emergency that requires a late pick-up the Lincoln Police Department and Child Protective Services will be notified at 6:15 PM. We regret this action and we understand the concerns this may cause you, but proper notification in the case of "child abandonment," must occur as it is the law. If asked, the Parks and Recreation Department will press charges and any necessary information will be shared with the proper authorities.

For the safety and security of your child, and per licensing requirements, Parent(s)/Guardian(s) must come into the Center to pick up children. Children will not be allowed to leave the center without their authorized escort. Children will not be allowed to walk home unless we have a signed release on file indicating that parents approve of the children doing so.

Your signature below indicates that you have read and understand our late pick-up policy and fee; that you will abide by the policy to the best of your ability; and that you will pay any fees that accrue due to being late to pick up your child(ren).

_____ _____

Signature of Parent/Guardian Date

_____

Child's Name School

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