

RIVER ROAD Park and Recreation District

Check One

School Year

- Playschool
- Preschool
- Prekindergarten
- ASAP
- Gymnastics

Camps

- Summer Daze
- Camp Seeker
- Camp Rambler
- Camp Odyssey
- Gymnastics
- Spring Break
- Winter Break

Permissions

- My child may walk or bike home.
- I give permission for my child to go off site for field trips or other activities.
- I want to **exclude** my child from any photos taken by representatives of the District intended for promotional use.

Child's Name *(last)* _____ *(first)* _____

Gender M ___ F ___ Age _____ DOB: ____/____/____

Grade Next Fall _____ School _____

Race or ethnicity? (Check all that apply) ___ Prefer not to answer

___ Black _____ Latino

___ Native Hawaiian/Pacific Islander _____ White

___ Other _____ Asian

___ Alaskan/Native American

Parent/Guardian (**print**) _____

Address _____ City _____ Zip _____

Phone number(s) where you can be reached while your child is in our care:

Phone () _____ () _____

E-mail _____

Emergency contact:

Name _____

Phone () _____ () _____

Relationship to child _____

The following people are authorized to pick up my child:

Name _____ Phone () _____

Name _____ Phone () _____

List any helpful information that will help our staff to best support your child.

If you have any confidential concerns regarding your child, please contact our Youth Program Coordinator ☺

I AUTHORIZE River Road Park & Recreation District to provide first aid/emergency medical while attending/participating in any activities, and will not be held responsible for any financial liability incurred in the provision of medical care. The fee for any program/activity does not include insurance coverage for my child. My child has no medical condition, physical or psychological that would affect their ability to safely participate in District programs or activities.

Parent/Guardian Signature: _____

Dated: _____