

Parent/Guardian Acknowledgement Form

Please sign the Parent/Guardian Acknowledgment Form and the Photo Waiver on the next page.
Both signed pages are due back with your Emergency Card.

Child's Last Name

Child's First Name

I _____, acknowledge that I understand and agree to abide by all guidelines and procedures of the Parent's Night Out Program including, but not limited to, the following:

- All camp participants must be signed in and signed out by the authorized adult that is stated on the child's Emergency Card. All authorized adults, including Parents/Guardians must present proper identification when picking up a child.
- RC TeenWorks is not responsible for any lost or damaged personal items. Your child's name must be written on all personal items. Please check our Lost and Found Box during sign out for misplaced items.
- Parent's Night Out closes at 11:00pm. If a participant is picked up after the closing time, a late fee will be charged. I understand that I am responsible for paying all late at pick up.

Parent/Guardian - Please Print Name

Date

Parent/Guardian - Signature

Photography Waiver

I, _____ acknowledge and agree that participants permit the taking of photographs of themselves and/or their minor children by the City of Rancho Cucamonga during recreation activities and understand that they may be used in City publications and/or websites without liability or compensation of any sort.

Child's Name

Date

Parent/Guardian - Please Print Name

Address

Telephone Number

Email Address

City of Rancho Cucamonga

Parent's Night Out Emergency Card

Child's Name _____ Age _____ Home Phone (____) _____

Address _____ City _____ Zip Code _____

PARENT/GUARDIAN #1 _____ **PARENT GUARDIAN #2** _____

Primary Phone (____) _____ Primary Phone (____) _____

Secondary Phone (____) _____ Secondary Phone (____) _____

Email _____ Email _____

Emergency Contact

Individuals we can contact if you cannot be reached (in order) **and** those **ONLY** authorized to pick-up your child

Contact #3 _____ Phone(____) _____ Relationship _____

Contact #4 _____ Phone(____) _____ Relationship _____

Contact #5 _____ Phone(____) _____ Relationship _____

Contact #6 _____ Phone(____) _____ Relationship _____

Conditions Requiring Special Emergency Care

Asthma: YES NO Diabetes: YES NO Epilepsy: YES NO ADD: YES NO

ADHD: YES NO Autism: YES NO Developmentally Disabled: YES NO Other: _____

Physician's Name _____ Phone Number (____) _____

Currently Under a Physician's Care: YES NO

Medical need being treated _____

Allergies _____

Medications (including dosage) _____

Hospital _____

Medical Release

I do hereby give permission for any certified emergency personnel, or health care professional to administer any type of medical treatment he/she deems necessary to the above named child in case of emergency in the event that I cannot be contacted.

I understand that the City, its agents and employees assume no financial obligation or liability for the immediate medical treatment that they may provide for the aforementioned child.

Signature of Parent or Guardian

Date