



Enrollment Form | Summer Camp 2019

Child's Information:

Name: _____

DOB: _____ Age: _____ M / F Shirt Size: _____

Address: _____

Main Contact: (Parent/Guardian)

Name: _____

Address: _____

Main #: _____ H / W / C

Alternate #: _____ H / W / C

Alternate #: _____ H / W / C

Alternate Contact: (Parent/Guardian)

Name: _____

Address: _____

Main #: _____ H / W / C

Alternate #: _____ H / W / C

Alternate #: _____ H / W / C

Pick-Up List:

I authorize the following individuals, other than the listed parent/guardian(s), to pick up my child from Oliver Nature Park summer camp program.

1. Name: _____

Relationship to child: _____

Main #: _____ H / W / C

2. Name: _____

Relationship to child: _____

Main #: _____ H / W / C

3. Name: _____

Relationship to child: _____

Main #: _____ H / W / C

4. Name: _____

Relationship to child: _____

Emergency Contact Telephone List:

Please provide a list, in order of importance, that may be contacted during program hours (7:30am-6pm).

Name: _____

Relationship to Child: _____

Main #: _____ H / W / C

Alternate #: _____ H / W / C

Name: _____

Relationship to Child: _____

Main #: _____ H / W / C

Alternate #: _____ H / W / C

Name: _____

Relationship to Child: _____

Main #: _____ H / W / C

Alternate #: _____ H / W / C

Name: _____

Relationship to Child: _____

Main #: _____ H / W / C

Alternate #: _____ H / W / C

Please provide us with your email address and we will send you quarterly e-mails with updated Oliver Nature Park Programming.

_____ @ _____

X

Parent/Guardian Signature

Date

STAFF USE ONLY

Enrollment Form

Safety Information

Staff: _____ Date: _____



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Medical Information: (Please write NA if the question does not apply.)

Physician: _____

Main #: _____

Preferred Hospital: _____

(In case of emergency and a contact cannot be reached.)

I authorize the emergency medical treatment of my child in the event that a parent/guardian can not be reached, should it become necessary.

Does your child have any food allergies? If so, please list below.

Does your child have any limitations that may affect their ability to participate in any physical activities while attending Oliver Nature Park summer camps?

I do hereby covenant and agree that I assume all risks associated with participation in Mansfield Parks and Recreation authorized activities and so hereby accept that any injury or injuries as a result of my participation in Mansfield Parks and Recreation authorized activities shall be my responsibility. I agree to and shall indemnify, hold harmless, and defend the City, its officers, agents, and employees, from and against any and all claims, losses, damages, causes of action, suits, taxes, fines, penalties, and liability of every kind, including all expenses of litigations, court costs, and attorney's fees, for any property, arising out of, in connections with or resulting from the performance of this agreement, save and except for loss or injury due solely to the negligence of the City. In the event of joint or concurrent negligence of participant and city, then responsibility, if any, shall be apportioned comparatively in accordance with the laws of the state of Texas, without, however, waiving any defense of the City or participant under Texas law. Further more, I authorize emergency medical or dental treatment should it become necessary.

X

Parent/Guardian Signature

Date

Does your child have any medical conditions that may be affected by while attending Oliver Nature Park summer camps? (ADD, ADHD, epilepsy, asthma, etc.) If so, please list below.

Does your child carry an Epi-pen or inhaler?

Please list below any additional information that you feel we should be aware of (likes to be outside, social, quiet, etc.)

Photo Policy: The City of Mansfield, its officials, employees, agents, and representatives have the right to use pictures or video of my child's participation in any of the Mansfield Parks and Recreation programs for promotional purposes. Please select your preference:

Yes

No