



Child's Name _____ Birth date _____

Parent or Guardian _____ Phone Number _____

Address _____

City _____ State _____ Zip _____

Please list any health concerns, including allergies) Food or other) or disabilities that we should be aware of. If there are listings in this section, please contact the Rutledge -Wilson Farm Community Park prior to the program. The concerns listed on this form in no way limit your child's participation in this program.

My family and I hereby waive and release the Springfield-Greene County Park Board and its representatives from claims of damages and/or injuries incurred while participating in or as a spectator of the Springfield-Greene county Park Board activities.

X _____

I give my permission for me and/or my child to be photographed while participating in Park Board activities, and to use any photographs of me and/or my child for Park Board promotional purposes

X _____

I understand that any authorized person late to pick-up my child will be charged \$5.00 for each 15 minutes he or she is late. Participants will not be allowed to return to the camp until this fee is paid. If an authorized person is late to pick-up more than three times, the child will not be allowed to return to the summer camp.

X _____

I will allow the following authorized person(s) to pick up my child,

_____ from programs at Rutledge-Wilson Farm Park. **Only** the following authorized person(s) will be permitted to pick up my child unless park staff has been notified with written notice. I understand that the authorized person(s) listed will be required to show a photo ID when picking up my child.

1. _____
2. _____
3. _____

Signature _____ Date _____