

Gilman Summer Activities Sign-up Sheet

Name of Child _____ AGE: _____

Name of Legal Guardian _____

Address _____

Home Phone: _____ Work Phone: _____

Allergies or other important medical information:

If an emergency is required and you or an emergency contact cannot be reached, may the program personnel use their own judgment in seeking medical help?

___ Yes Physicians Name: _____ Phone: _____

___ No If no, what should be done? _____

I give permission for summer rec personnel to release necessary information in an emergency situation. A copy of this will serve as authorization for treatment.

(Signature of parent/guardian)

date

Emergency Contacts

Name: _____

Phone: _____

Name: _____

Phone: _____

Photo and Field Trip Information:

I give permission for the Summer Rec staff to escort my child on scheduled field trips and act on my behalf in the case of an emergency.

(Signature of parent/guardian)

date

I give permission for the Summer Rec Staff to allow my child to be photographed during activities and field trips, knowing the photos may be in the Star News.

(Signature of parent/guardian)

date

I give my permission for the Summer Rec Staff to apply bug spray and sunscreen to my child for any activity or field trip.

(Signature of parent/guardian)

date

Summer Recreation Discipline Policy:

The summer recreation staff and volunteers reserve the right to discipline using the policy as they see fit, as some incidents may be more severe than others and will need special attention.

1st offense- Verbal Warning

2nd Offense- Student will sit out of activity for 10 minutes with teacher conference.

3rd Offense- Student will sit out for remainder of the day and a call will be placed to the parent/guardian. **Student may be expelled from the program at this point.**

Personal Statement:

I hereby allow my child to participate in the Gilman Summer Recreation Program. I also agree with the disciplinary policy and understand how the daily time schedules function. Furthermore, I realize it is my duty to be on time to pick up my child, for anytime after scheduled times of the program my child may be left unsupervised.

(Signature of parent/guardian)

date