

(Staff use)	
Enrollment date:	_

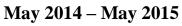
 $May\ 2014-May\ 2015$

 $1340\ Gunnison\ Ave.,\ Grand\ Junction,\ CO\ 81501-(970)254-3866-Fax\ (970)242-1637-gjparks and rec@gjcity.org$

REGISTRATION FORM. You must complete this entire form to register your child. One form per child.

Child's Name:			Grade (2014/2015 school year):					
Birthdate (mm/dd/yyyy):		Fem.	male Email:					
Address (including City and Zip):								
Parent/Guardian:			Parent/Guardian:					
Relationship:	Birthdate:		Relationship:		Birthdate:			
Phone #1:	Phone #2:		Phone #1:		Phone #2:			
Employer:			Employer:					
Employer phone:			Employer phone:					
Employer address:			Employer address:					
Is there a legal custody agreement	nt regarding this child?	? Yes		No				
Are there any special instruction	s as to how the parent/	guardian ca	an be re	eached during this progra	am? Yes No			
Name of Emergency Contact of	her than Parent/Guardi	ian(s) listed	above	: 1	Relationship:			
Phone #1:			Phone #2:					
Address:		<u> </u>						
Davidan's authorized to duen of	f and night un shild (othor thor	thoso	listed above).				
Person's authorized to drop-of	i and pick-up child (_						
			elationship:		Phone:			
			Relationship:		Phone:			
Name: Relation		Relations	elationship:		Phone:			
Physician:			Phone #:					
Address:		·						
Dentist:		Phone #:						
Address:								
Hospital of choice:		Phone #:						
Address:								
Medical History (Illness/Injury):								







	Child's Name:	Date of birth (mm/dd/yyyy):
I g is	uthorization for Emergency Medical Care give my permission to staff to call for medical or surgical care understood that a conscious effort will be made to locate me to is is not possible, I will accept responsibility for the expenses	before emergency action will be taken, but if
Pa	arent/Guardian Signature:	Date
Ιį	ermission to Apply Sunscreen and Bug Spray give my permission to the staff to apply sunscreen and bug spray at if my child needs a specific type of sunscreen or bug spray	
Pε	arent/Guardian Signature:	Date
Ιį	ermission for Field Trips give permission for my child to go on field trips away from the e company of program staff, whether on foot or by vehicle.	e premises of the program headquarters, in
Pa	arent/Guardian Signature:	Date
Ιį	Valk Home give my permission for my child to sign themselves out of can lease the City of Grand Junction from all liability once my chi	1 0
Pa	arent/Guardian Signature:	Date
Ιį	Ledia Release give my permission for my child to be photographed by progra ngaged in program activities for the purpose of program promo	
Pa	arent/Guardian Signature:	Date
I g in lo ur w	quatics Release give my permission for my child to attend an aquatics facility the water will be conducted by facility lifeguards. I understancation that regularly attends an aquatic facility that my child nederstand that I must provide a Coast Guard approved life jack then at the facility.	nd that if I register my child for a camp eeds to have basic swimming skills or I set and that my child must wear it at all times
Pa	arent/Guardian Signature:	Date



Form valid for: May 2014 – May 2015

_ Date__

Child's Name:		Date of birth (mm/dd/yyyy):	
If we have questions on this page who should we contact? I	Phone #1:	Phone #2:	
Name:			
1. Does your child have any allergies? Yes No If	f yes, please	explain:	
2. Does your child have a disability or special need? Ye	es No	If yes, please explain:	
3. Is your child currently taking any medication? \(\subseteq\) Yes	☐ No If y	ves, please explain:	
4. Are there limits on participant's physical activities?	Yes No	If yes, please explain:	
5. Other health related information or accommodations requ	uired? Pleas	se explain:	

Parent/Guardian Signature: