



**Hampshire Park District**  
**Little People Playtime Program Emergency Form**

Child's Name \_\_\_\_\_ Class (entering in the fall) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Age: \_\_\_\_\_

**First Parent/Guardian:** \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code \_\_\_\_\_  
Primary Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Primary Email: \_\_\_\_\_

**Second Parent/Guardian:** \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code \_\_\_\_\_  
Primary Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Primary Email: \_\_\_\_\_

**Only persons listed above and below will be allowed to pick up your child**

Alternate pick up person \_\_\_\_\_ Phone # \_\_\_\_\_  
Alternate pick up person \_\_\_\_\_ Phone # \_\_\_\_\_  
Alternate pick up person \_\_\_\_\_ Phone # \_\_\_\_\_  
Alternate pick up person \_\_\_\_\_ Phone # \_\_\_\_\_

**Medical Allergies, Illness or other Conditions:** \_\_\_\_\_  
**Does your child need to take medication during the program?** \_\_\_\_\_ **If yes, please complete a *Permission to Dispense Medication Form and Waiver*.**  
**Does your child have a severe food allergy or have a prescribed Epi Pen?** \_\_\_\_\_ **If yes, please complete a *Food Allergy Action Plan*.**  
**Does your child have Asthma and use medication for control/relief?** \_\_\_\_\_ **If yes, please complete an *Asthma Action Plan*.**  
***The Hampshire Township Park District welcomes individuals with disabilities into the program. Please describe any accommodation needed for successful inclusion into the program.*** \_\_\_\_\_

**IMPORTANT INFORMATION:**

*I have read and fully understand the important information, Waiver of Release of All Claims & Assumption of Risk. I further understand that my signature is required below in order to participate in the Hampshire Township Park District programs. In addition, I agree to abide by all of the policies/procedures contained in the Parent Handbook.*

EMERGENCY TREATMENT We/I understand that the Hampshire Township Park District has the discretion to summon emergency medical services for our/my child in the event of a medical emergency. **Initial** \_\_\_\_\_

We/I have received the Parent Handbook and agree to comply with the guidelines included in the handbook. **Initial** \_\_\_\_\_

We/I have read the payment policies and understand that I am fully responsible for payments to the program. **Initial** \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF PARENT/GUARDIAN**

\_\_\_\_\_  
**DATE**

**Please sign waiver on other side**

**Waiver & Release**

The Hampshire Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Hampshire Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for the reverse listed programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

**Warning of Risk**

Recreational activities/programs are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the Hampshire Park District to guarantee absolute safety.

**Waiver and Release of all Claims and Assumptions of Risk**

Please read this form carefully and be aware that in signing up and participating in the identified programs/activities, listed on the reverse side you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs/activities (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs/activities against the Hampshire Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as Hampshire Park District).

I do hereby fully release and forever discharge the Hampshire Park District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities.

PLEASE PRINT: Participant's Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_

**PARTICIPATION WILL BE DENIED IF THE SIGNATURE OF ADULT PARTICIPANT OR PARENT/GUARDIAN AND DATE ARE NOT ON THIS WAIVER.**