

MARSHALLTOWN PARKS AND RECREATION DEPARTMENT SUMMER BLAST REGISTRATION FORM

Child's Name:		Gender:	Birth Date: / /	Age:
Primary Phone		Grade Entering	School Attending:	
Address		City	Zip	
PARENT(S)/GUARDIAN(S)				
1. Name		Birth Date / /	Relationship To Child	
Address		Email		
Primary Phone		Cell #	Work #	
2. Name		Birth Date / /	Relationship To Child	
Address		Email		
Primary Phone		Cell #	Work #	

Circle T-Shirt Size:	6-8	10-12	14-16	Adult S	Adult M	Adult L	Adult XL
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Photo ID may be required at pick up.

Authorized Person (including parents) To Pick Up Child	Relationship To Child	Phone Number
1		
2		
3		
4		
5		

EMERGENCY CONTACT PERSONS (other than parents)		
1. Name		Relationship To Child
Home Phone	Cell #	Work #
2. Name		Relationship To Child
Home Phone	Cell #	Work #

Any custody or restraining orders involving contact or pick up for this child?	
Name	Name

In the event my child needs medical treatment, I hereby authorize treatment of the above named minor by a qualified and licensed health care professional. This authorization is valid only after reasonable effort has been made to contact me.		
Physician Name		Dentist Name
Phone Number		Phone Number
Address		Address
Date Of Last Physical Exam		Date Of Last Tetanus
Insurance Company		Policy Holder ID
Allergies	Medications	Illnesses/Surgeries/Medical Concerns (Age of occurrence)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

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Physical Assessment – To Be Completed By Parent

Does this child wear glasses, contacts or hearing devices? If yes -- List	
Are there any doctor restrictions for play? If yes, -- List	

Sun Permissions – To Be Completed By Parent

Each child is required to have a bottle of sunscreen with their name on it that will be kept at camp

As the parent or guardian of the above named child, I recognize that too much sunlight may increase the risk of skin cancer. Therefore, I give permission for Marshalltown Parks and Recreation Department Summer Blast personnel to apply sunscreen to my child when he/she will be outside. I understand sunscreen may be applied to exposed skin, including, but not limited to, the face, tops of ears, nose, bare shoulders, arms, and legs.

My child has no known allergies to sunscreen

My child is allergic to some sunscreens. Please List:

Aquatic Center Permissions – To Be Completed By Parent

Please provide information regarding the swimming ability of this child and/or restrictions while at the Aquatic Center. A deep water swim test is required prior to use of the diving boards and drop slide.

My child may utilize the following areas:

Zero Depth Only	Shallow water (lap lanes --5' deep)	Lazy River
Slides (must be 48" tall)	Diving Well (must pass swim test)	All areas (must pass swim test)

Other information about swimming ability:

Parental Permission

1. I/we recognize and agree that as participants or observers I/we shall bear the full responsibility of any loss or theft of personal items while engaging, participating, or observing in these activities.
2. I/we release any photographs, videos, or both taken during the activity to be used by the City of Marshalltown for advertisements, training, or other purposes.
3. In the event of injury or illness, I hereby give my consent for medical treatment, and permission to program staff for supervising and performing, as deemed necessary by staff, on-site first aid for minor injuries, and for a licensed physician to hospitalize and secure proper treatment (including injections, anesthesia, surgery, or other reasonable and necessary medical or surgical procedures) for me or my participant or observing spouse, if I am unable to provide that consent directly at the time, for any reason. I agree to assume all costs related to any such medical or surgical treatment. I also authorize the disclosure of medical information to my insurance company for the purpose of this claim.

I hereby give permission for my child to attend any and all off site trips and be transported by bus provided by the City of Marshalltown & the Marshalltown School District vehicles.

Parent/Guardian
(Print) _____ Signature _____ Date _____