



Fun Express Registration Form

Child's Name	Date of Birth:	Age:	Home Phone:
Address:	City:	Zip Code:	
Physician:	Physician Phone:	Hospital:	
Medical Conditions that we should be aware of:			
Medication(s):			
Allergies:			

Parent / Guardian	Mobile Phone:	Work Phone:	Ext.:	E-mail Address:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The following people have permission to sign out the above camper. They will be called if the parents cannot be reached.

Contact Person:	Mobile Phone:	Work Phone:	Ext.:	E-mail Address:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Sunscreen Policy

KidzWorld is conducted primarily outdoors and it is recommended that all participants protect themselves from the sun and heat by wearing sunscreen and light clothing. It is our company policy that the staff cannot apply or supply sunscreen to any participant, including our 4 and 5 year olds. It is the sole responsibility of the participant's parent or guardian. The parent or guardian of any participant assumes the risks regarding their participant's protection from the sun. If your child is susceptible to sunburn, we suggest that you re-emphasize the importance of him or her re-applying sunscreen every hour.

_____ I have read and acknowledged the Sunscreen Policy

Photo Policy

Georgetown - Scott County Parks and Recreation staff may videotape or take photos of participants in programs and special events or of people in or on park properties. Those photos may be used for promoting our programs, classes, events, in print, for TV, or on the website.

_____ I give consent for the Georgetown – Scott Co. Parks and Recreation Department to photograph my child during recreational activities and to use those photographs in our publications including our website.

_____ I do not give consent for any photographs of my child being used in any Georgetown – Scott Co. Parks and Recreation Department publications including the website.

Warning of Possible Serious Injury

Program activities can be dangerous. Your child may be killed or seriously injured, including being paralyzed, brain injured, or crippled while participating in these activities. Recognizing the inherent risks associated in participating in the above noted activities and still desiring my child to participate, I hereby agree to indemnify, defend, and hold harmless the Georgetown - Scott Co. Parks and Recreation Department, its facilities, its employees and/or other individuals connected with the program for any damages and/or liability arising out of injury to my child. I further authorize the Program employees to obtain medical attention for my child in case of an emergency when a parent or guardian cannot be contacted.

Parent/Guardian _____ **Date:** _____