

****Program child's enrolled in_____

Evergreen Park Recreation Department
3450 W. 97th Street
Dennis L. Duffy, Commissioner & Director
Recreational Services 229-3373
eprecreation@yahoo.com

****THIS FORM IS TO BE FILLED OUT AND RETURNED TO THE FIRST CLASS!!**

Name of Child_____Age_____Date of Birth_____

Home Address_____Home Phone_____

Father's Name_____Mother's Name_____

Father's Cell Phone_____Mother's Cell Phone_____

e-mail address_____

In an emergency call: (other than parents)

Name_____Phone_____

Please list any allergies or restrictions your child may have, and any special instructions:

I, the undersigned parent or guardian of the above named child consent to the attendance of said child and hereby release and discharge Evergreen Park Recreation Department and or its employees from any and all liabilities for any injuries sustained by said child while in attendance of the Evergreen Park Recreation Department. I hereby give permission for emergency treatment deemed necessary by the attending physician in the Emergency room.

I agree to allow my child to be photographed for newspaper releases.

I understand that students will follow a specific behavior code set up by their instructor. I further understand that the Recreation Department reserves the right to dismiss any student who displays inappropriate behavior.

Parent or Guardian Signature

date

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