

2020 Deerfield Parks & Recreation Forms

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The forms below MUST be completed, both accurately and truthfully, to the best of your ability upon the first registration within the calendar year (January 1 through December 31). During subsequent registrations the forms NEED to be updated as information changes.

Registrant Information

Participant Name
(Required): _____

Date of Birth (Required): _____

Address (Required):

Street: _____

Address Line 2: _____

City, State, Zip: _____

Parent/Legal Guardian/Participant Name
(Required): _____

If participant is under the age of 18 the next three fields MUST be completed by a parent/legal guardian. (If the form is being completed by a participant who is over the age of 18 please retype name from the first field above).

Phone (Required): () - _____

Date of Completion
(Required): _____

Media Release Agreement

Media Release:

The Deerfield Parks & Recreation Department _____ HAS _____ DOES NOT HAVE my permission to use any photo of myself and/or my child taken during any Deerfield Parks & Recreation program offering for recreation displays/printed material/social media posts.

Select the box on the right that corresponds with your preference in regards to the DPR Media Release above (Required - Select at least one option):

☐ HAS

☐ DOES NOT HAVE

Please Initial (Required): _____

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Medical Information

Known Medical Allergies (i.e. medication, food, insects, environment, etc.) (Required):

If there are no known medical allergies, type 'NONE' in the text field.

Do you or your child have an Epi-Pen for any allergies? (Required):

(Select only one option)

☐ Yes ☐ No

If an Epi-Pen needs to be administered how does an adult individual locate the dosage (Required):

To help administer the Epi-Pen as quickly as possible, describe where one should look or who to find that would be in possession of it.

Preexisting medical conditions (i.e. asthma, seizures, depression, etc.) (Required):

If there are no preexisting medical conditions, type 'NONE' in the text field.

Family Doctor
(Required):

Dr. Phone Number (Required): () -

Insurance Provider
(Required):

Group/Policy Number
(Required):

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Medical Policy

Medical Policy:

Participants who are contagious should NOT attend any offering put on by the Deerfield Parks & Recreation department until they are medically cleared to do so. In conjunction, participants/parents/guardians MUST contact the Deerfield Parks & Recreation department if they are aware that they and/or their child has contracted any contagious disease which includes, but is not limited to the following: head lice, pink eye, chicken pox, etc.

Check Box (Required):

☐ I Agree

Check the box to indicate that you agree & understand the above Medical Policy:

Please Initial (Required): _____

Emergency Contacts & Release

Please provide two persons (relatives or family friends) who can be contacted in the event of an emergency from your and/or your child's participation in any Deerfield Parks & Recreation program offering; OR in the case of a minor, individuals who may assume temporary care of your child if you cannot be reached.

Emergency Contact #1 (Required):

Relationship to Participant (Required):

Phone (Required): () - _____

Emergency Contact #2 (Required):

Relationship to Participant (Required):

Phone (Required): () - _____

Emergency Release:

I/We understand that in the case of injury or illness, myself or an emergency contact will be notified. If it is impossible to contact me, and it is an emergency, I/we hereby give permission to an attending hospital physician to treat, hospitalize and administer anesthesia, or order injections or surgery for the safety of my child and/or I.

I/We further understand that all expenses and liability for said expenses incurred shall be fully assumed by me/us.

Check Box (Required):

☐ I Agree

Check the box to indicate that you agree & understand the above Emergency/Medical Release.

Please Initial (Required): _____

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Cancellation & Refund Policy

The Deerfield Parks & Recreation department reserves the right to cancel any program, event, or activity for any reason preventing a quality outcome. Please note that money/monies paid for registration of any cancelled program will be refunded in full to registrant post cancellation.

No refunds, credits, or transfers will be issued after an evaluation, or the first day of the class or program. Full refunds will only be granted by a written request (i.e.: letter, email, etc.) to DPR prior to the start date of an activity, class, or program and on a case-by-case basis.

Check Box (Required):

☐ I Agree

Check the box to indicate that you agree & understand the above Cancellation & Refund Policy:

Please Initial (Required): _____

Waiver of Liability and Indemnity Agreement

In consideration of the permission granted to the individual named above to participate in the Deerfield Parks & Recreation programs, I/We SHALL RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE The Town of Deerfield, the Deerfield Parks & Recreation Department, their agents and employees from all liability for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the named participant, whether caused by the negligence of the Town of Deerfield, its agents and employees or otherwise while the named participant participates in its programs.

I/We further agree to indemnify the Town of Deerfield Recreation Department, their agents and employees from any and all liability, loss or damage including but not limited to bodily injury, illness, death or property damage which the Deerfield Parks & Recreation Department, their agents, and its employees become legally obligated to pay including reasonable attorney fees and costs, as a result of claims, demands, costs, or judgments, against the Town of Deerfield Parks & Recreation Department, their agents and employees on account of injury to the person or property or resulting in the death of the named participant whether or not caused by the negligence of the Deerfield Parks & Recreation Department, their agents and employees and whether or not such liability is sole, joint or several.

I/We are aware that participation in this program or any Deerfield Parks & Recreation offering may present a strain on my and/or my child's body, or its parts and therefore I represent to Deerfield Parks & Recreation that to the best of my knowledge, I and/or my child is in proper physical condition to participate and that I/we assume the risk of participation.

I/We the participant or parent/legal guardian, the undersigned, have read this release and understand all of its terms.

I/We have executed this release on this date indicated below my/our names.

**E-Signature of Participant or Parent/Legal Guardian
(Required):** _____

The typed name above will constitute your E-signature and will be accepted in the same manner as a handwritten signature.

Date (Required): _____