

# HOLIDAY HAPPENINGS

Come join the fun! *Holiday Happenings* will be held December 30-31 (A) and Jan. 2-3 (B) from 8:30 a.m. to 3:30 p.m., children ages 5-12. Included in the program will be arts and crafts, sports, games and field trips. It will be held at Holcom Park Recreation Center, 2700 W. 27th St. For more information, call (785) 832-7940. **PLEASE BRING BROWN BAG LUNCH.**

425160-A: Dec. 30-31 | Fee: \$60

425160-B: Jan. 2-3 | Fee: \$60



**Please Hand Deliver or Mail to:**  
Holcom Recreation Center  
2700 W. 27<sup>th</sup> St.  
Lawrence, KS 66047



City of Lawrence  
PARKS AND RECREATION



## PLEASE COMPLETE THE HEALTH INFORMATION SHEET ON BACK

FOR MORE INFORMATION CONTACT THE SPECIAL EVENTS OFFICE AT HOLCOM, 785-832-7940

Makes checks payable to: LPRD

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ BIRTHDAY \_\_\_\_\_  
Last First

ADDRESS \_\_\_\_\_  
Street City State Zip

GRADE (FALL '19) \_\_\_\_\_ SCHOOL \_\_\_\_\_ EMAIL \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

In consideration of my (and/or my child's) participation in this activity, I hereby release and discharge the City of Lawrence, Kansas, from any and all liability arising from accident, injury and illness that I (or my child/children) may suffer as a result of participation in such activity. I further agree to indemnify and hold harmless City of Lawrence, Kansas and its employees from any and all claims resulting from injuries, damages, and losses sustained by me (and/or my child/children) arising out of, connected with, or in any way associated with the activity. In the event of emergency, I authorize City officials to secure from any licenses hospital; physician or medical personnel any treatment deemed necessary from me (and/or my child's) immediate care and agree that I will be responsible for payment of any and all medical services rendered. If any damage to City facilities, equipment or materials occurs as a result of misuse by me (and/or my child) during use in activity enrolled or participating in, I will be responsible for payment of any repairs and /or replacement needed. Also, the undersigned and/or the participants(s) authorize the City to use at its discretion any photograph(s) (black/white or color and video footage) taken of participants while participating in City programs and activities for marketing in print or by electronic means. Registration is not valid without signature.

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

\_\_\_\_\_  
DATE

### OFFICE USE ONLY

CODE #425160: A or B

CHECK \_\_\_\_\_ CASH \_\_\_\_\_ CREDIT CARD \_\_\_\_\_ SCHOLARSHIP \_\_\_\_\_ REC. BY \_\_\_\_\_ DATE \_\_\_\_\_

## CITY OF LAWRENCE PARKS & RECREATION HEALTH INFORMATION

PARENT/GUARDIAN \_\_\_\_\_ HOME# \_\_\_\_\_ WORK# \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_ HOME# \_\_\_\_\_ WORK# \_\_\_\_\_

### EMERGENCY CONTACTS:

NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_ PHONE# \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_ PHONE# \_\_\_\_\_

### AUTHORIZED TO PICK UP CHILD:

NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_ PHONE \_\_\_\_\_

### GENERAL INFORMATION

For Leader's use only to help your child enjoy our program more fully.

1. My child is outgoing \_\_\_\_\_ shy \_\_\_\_\_ in between \_\_\_\_\_.
2. My child is excited about this program \_\_\_\_\_ coaxed into going \_\_\_\_\_ fearful about going \_\_\_\_\_.
3. My child wants to \_\_\_\_\_ from this program more than anything else.
4. I want my child to \_\_\_\_\_ in this program more than anything else.
5. Please rate your child's swimming ability: beginner \_\_\_\_\_ average \_\_\_\_\_ excellent \_\_\_\_\_.

### MEDICAL INFORMATION

Doctor's name \_\_\_\_\_ phone# \_\_\_\_\_

Clinic or hospital preference \_\_\_\_\_

#### IMMUNIZATIONS

DPT Series \_\_\_\_\_ booster \_\_\_\_\_ Tetanus \_\_\_\_\_ Polio OPY (Sabin) \_\_\_\_\_ booster \_\_\_\_\_

#### PHYSICAL CONDITIONS

Ear Infections \_\_\_\_\_

Rheumatic Fever \_\_\_\_\_

Convulsions \_\_\_\_\_

Diabetes \_\_\_\_\_

Heart \_\_\_\_\_

#### ALLERGIES

Hay Fever \_\_\_\_\_

Poison Ivy, etc. \_\_\_\_\_

Insect Stings \_\_\_\_\_

Penicillin \_\_\_\_\_

Sulfa Drugs \_\_\_\_\_

#### DISEASE

Chicken Pox \_\_\_\_\_

Measles \_\_\_\_\_

German Measles \_\_\_\_\_

Mumps \_\_\_\_\_

Asthma \_\_\_\_\_

Will your child need any special accommodations to be successfully integrated into this program? This may include, but not be limited to a lower staff to child ratio, personal care and/or medication assistance. Please explain \_\_\_\_\_

Health problems we should know about \_\_\_\_\_

Is your child taking medication? \_\_\_\_\_ What? \_\_\_\_\_

Medication Schedule \_\_\_\_\_

### HEALTH INSURANCE

Company Name \_\_\_\_\_

Policy Number \_\_\_\_\_

### AUTHORIZATIONS

(check lines that apply and sign below)

- ☐ 1. I authorize the City of Lawrence Parks & Recreation to transport my child to and from program activities.
- ☐ 2. The health history on this form is correct so far as I know: the child described herein has permission to engage in all programs activities, except as noted by me and/or recommended by our physician.
- ☐ 3. If I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the program director to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child, named above.

MY SIGNATURE BELOW CONSTITUTES AUTHORIZATION FOR ITEMS CHECKED ABOVE.

Signature \_\_\_\_\_ Date \_\_\_\_\_