

2021 Kids Day Off



Thursday & Friday, March 25-26

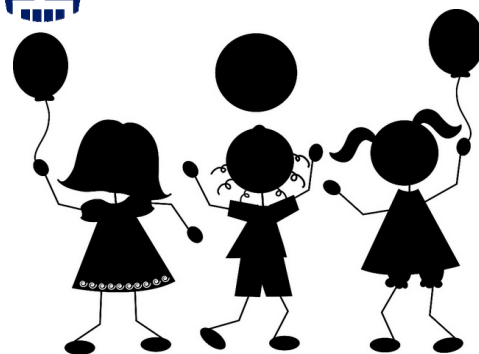
8:30 a.m. - 3:30 p.m.

Community Building

115 W. 11th St.

\$70 per child

Ages 5-12



Join us at Holcom Park Recreation Center for fun on your days off! We will be creating arts and crafts and playing games. The program will be offered Thursday and Friday, March 26-27, from 8:30 a.m. to 3:30 p.m.

You will need to bring a brown bag lunch.

All children participating in Kids Day Off are required to have a completed parent consent form and the health information sheet (on the back). Please complete and return the form to Holcom Park Recreation Center, 2700 W 27th St. Forms may also be returned by mail to: Kids Day Off, Holcom Park Recreation Center, 2700 W. 27th St., Lawrence, KS 66047. FULL payment is due at the time of registration. **CDC**

GUIDELINES WILL BE FOLLOWED. MASKING, TEMPERATURES, SOCIAL DISTANCING WILL BE REQUIRED WITH THIS PROGRAM. For more information contact Keenan Hamilton, at (785) 832-7949

Parent Consent Form

PARENT/GUARDIAN _____ PHONE# _____

CHILD NAME _____ AGE _____ GENDER _____
First Last

ADDRESS _____
Street City State Zip

BIRTHDAY _____ GRADE (Spring '21) _____ SCHOOL _____

EMAIL _____

PLEASE COMPLETE THE BACK OF THIS FORM

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

HEALTH INFORMATION SHEET ON BACK

Makes checks payable to: LPRD

OFFICE USE ONLY

CODE # 125190 A

CHECK # _____ CASH _____ VISA/MC _____ REC. BY _____ LOCATION _____ 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 OPV (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 program 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.

Parent/Guardian Signature _____ Date _____