



2024/2025 Before & After School Care Emergency Form

Participant's Name(s)	School	Sex	Birthday	Grade in 23/24

Parent/Guardian Email Address(es): _____

Future invoices, receipts and other communication will be sent via email. Please write clearly.

Home Address: _____ City: _____ Zip: _____

Parent/Guardian #1: _____ Cell #: _____ Alt #: _____

Parent/Guardian #2: _____ Cell #: _____ Alt #: _____

Emergency Contacts (must list at least 2 people OTHER than Parent/Guardian):

Name: _____ Phone: _____

Name: _____ Phone: _____

Who, other than those listed above, has permission to pick up your child(ren) from K.E.E.P.?

Name(s): _____ Phone: _____

Name(s): _____ Phone: _____

Does your child have any special needs (i.e.: IEP, 504, etc.)? (Please list "yes" or "no"). If yes, please provide additional details below.

Will your child require 1-on-1 assistance? Please note, inclusion aid requests are needed at least three weeks prior to the start of program.

Yes: _____ No: _____

Does your child have any allergies? (Please list "yes" or "no"). If yes, please list below.

Is your child taking any medication? _____

Does your child need to take medication during program (Please list "yes" or "no"). If yes, please list details below. If K.E.E.P. staff will be required to dispense patent or prescription medication to your child, you must complete a "Permission to Dispense Medication Form and Waiver" available at www.barringtonparkdistrict.org or at site.

Is there further information that you believe will be helpful to staff in understanding and caring for your child?

Waivers

(Please initial each line and then sign at the bottom):

_____ This authorizes Barrington Park District staff to secure emergency medical care for my child when I/we cannot be immediately reached at the time of emergency. I/we will be responsible for the emergency medical charge upon receipt.

_____ I/we agree to the K.E.E.P. "Absence Reporting Policy" as listed in the Parent Handbook.

_____ I/we have reviewed and agree to the "Communication with Schools" policy as listed in the Parent Handbook.

_____ I understand that myself and my child(ren) are responsible for reading and adhering to all K.E.E.P. policies and procedures indicated in the Parent Handbook and agree to abide by the guidelines set forth

WAIVER, RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT: By their very nature, many Park District programs involve body contact, substantial physical exertion, emotional stress and/or use of equipment which represents a certain risk. It is recommended that you check with your physician prior to participating in Barrington Park District activities. This includes the additional warning for aerobic activities. Aerobic exercise is an activity in which, despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a substantial risk of injury. Dependent upon a person's physical condition, age and skill level, aerobics can involve a substantial risk of the following types of injuries. This list is by no means complete, but includes some of the more common ones: heart attack, stroke and circulatory problems, bone and joint injuries, back injury, shin splints, muscle strain and other muscle injuries, foot problems, head and neck injuries. I understand that the Barrington Park District does not provide insurance or protection against injuries sustained by program participants. Please read the following information carefully and be aware that in registering yourself or your minor child/ward for participation in the Park District program(s), you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the program(s). I give permission for my child/ward/self to participate in this program, trip or activity and hereby waive, release and forever discharge any and all claims against the Barrington Park District or School District, its commissioners, employees, and volunteers for damages and/or injuries to the registrant, which may arise from participation in Barrington Park District programs. **BARRINGTON PARK DISTRICT PHOTO RELEASE:** I understand that my child/ward or I may be photographed or recorded while participating in a Barrington Park District program or special event. I give my permission for photos and recordings of my child/ward or myself to be used to promote the Barrington Park District. Such photos and recordings will remain the property of the Barrington Park District.

I HAVE READ AND FULLY UNDERSTAND THE WAIVER, warning of risk, assumption of risk and waiver and release of all claims. I understand my signature, or my guardian's signature if I'm under 18, is required to take part in Park District programs. If submitting this form electronically, my electronic signature shall substitute for and have the same legal effect as an original form signature.

Parent/Guardian Signature: _____

Date: ____/____/____

Waiver required! For insurance purposes, Park District programs and activities require a signed waiver. Patrons WILL NOT be able to participate in classes or programs if the waiver is not signed.