

Park Point Summer Youth Program 2016

Registration Form and General Permission Slip

This registration form is also a general permission slip that pertains to activities/field trips that are taken with the Park Point Summer Youth Program throughout the city of Duluth MN. A special permission slip will be used for each activity/fieldtrip that is involved outside the Duluth area.

Name of child: _____ Age: ____ Date of Birth: _____
Address: _____ **Phone:** _____
City: _____ **State:** ____ **Zip** _____ **Full-time/Weekly/Daily** _____

Field Trip Permission

I authorize permission for my child to participate in Field Trips via the Duluth Transit Authority bus within the city of Duluth, MN. Yes ____ No ____

Signature of Parent or Legal Guardian

Mother: _____
Address _____
Phone: Home: _____ **Cell:** _____ **Work:** _____
Email address _____

Father: _____
Address: _____
Phone: Home: _____ **Cell:** _____ **Work:** _____
Email address _____

Legal Guardian: _____
Address: _____
Phone: Home: _____ **Cell:** _____ **Work:** _____
Email address _____

Emergency Contact: (other than parent)

1. Name: _____ **Relationship to child:** _____
Phone: Home: _____ **Cell:** _____ **Work:** _____

2. Name: _____ **Relationship to child:** _____
Phone: Home: _____ **Cell:** _____ **Work:** _____

3. Name: _____ **Relationship to child:** _____
Phone: Home: _____ **Cell:** _____ **Work:** _____

Please circle the contact above to call first in the case of accident, illness or behavior.

Medical Information:

Food Allergies: _____

Medical Allergies: _____

Environmental Allergies: _____

Special Needs/Concerns: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Adults authorized to pick up child:

1. _____

2. _____

3. _____

4. _____

Permission for my child to be photographed for:

Park Point Breeze: Yes ____ No ____ Park Point Web Site: Yes ____ No ____

Edible Garden Scrap book: Yes ____ No ____ End of Year Kids Book: Yes ____ No ____

Presentations/Applications for Grants: Yes ____ No ____

Permission for my child to participate in Food Tasting Activities: Yes ____ No ____

Permission for my child to be sun screened when needed: Yes ____ No ____

If there is a current Order for Protection or Restraint Order in effect that impacts your child, and you wish to make the Community Club aware of its existence, a copy of that document must be provided with this registration form. By receiving a copy of the document, the Park Point Community Club and the Park Point Community Club Summer Youth Program Staff is not guaranteeing that it will be able to enforce the terms and conditions of the order. However, the Community Club and the Park Point Community Club Summer Youth Program Staff will attempt to assist you to the extent it is able.

The data requested on this form which describes medical or health conditions, family relations and living arrangements is requested to provide for the special needs of the child and for emergencies. You are not legally required to provide this data and you may refuse to do so. The government of the United States, the State of Minnesota, and/or various departments and agencies thereof, may be authorized federal or state law to receive the data. The Community Club may release the data to such entities.

I understand the Park Point Community Club and Park Point Summer Youth Program is not liable for accidents or injury.

I have reviewed the Park Point Summer Youth Program Expectations and Behavior Guidance and agree the guidelines and expectations.

Signature of Parent or Guardian: _____ Date _____

Mail to Park Point Community Club, attn. Summer Youth, PO Box 16326, Duluth, MN 55816-0326