

*Gilman Summer Activities Sign-up Sheet*

Name of Child(ren) \_\_\_\_\_

AGE(s): \_\_\_\_\_

Name of Legal Guardian \_\_\_\_\_

Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Allergies or other important medical information:

\_\_\_\_\_

If an emergency is required and you or an emergency contact cannot be reached, may the program personnel use their own judgment in seeking medical help?

\_\_\_ Yes Physicians Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_ No If no, what should be done? \_\_\_\_\_

\_\_\_\_\_

I give permission for summer activities personnel to release necessary information in an emergency situation. A copy of this will serve as authorization for treatment.

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
date

Emergency Contacts

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Photo and Field Trip Information:

I give permission for the Summer Activities staff to escort my child on scheduled field trips and act on my behalf in the case of an emergency.

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
date

I give permission for the Summer Activities Staff to allow my child to be photographed during activities and field trips, knowing the photos may be in the Star News.

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
date

I give my permission for the Summer Activities Staff to apply bug spray and sunscreen to my child for any activity or field trip.

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
date

Summer Activities Discipline Policy:

The summer recreation staff and volunteers reserve the right to discipline using the policy as they see fit, as some incidents may be more severe than others and will need special attention.

**1<sup>st</sup> offense-** Verbal Warning

**2<sup>nd</sup> Offense-** Student will sit out of activity for 10 minutes with teacher conference.

**3<sup>rd</sup> Offense-** Student will sit out for remainder of the day and a call will be placed to the parent/guardian. **Student may be expelled from the program at this point.**

Personal Statement:

I hereby allow my child to participate in the Gilman Summer Recreation Program. I also agree with the disciplinary policy and understand how the daily time schedules function. Furthermore, I realize it is my duty to be on time to pick up my child, for anytime after scheduled times of the program my child may be left unsupervised.

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
date

\*Please Mark Size of Shirts YOUTH: \_\_\_Sm \_\_\_Med \_\_\_Lg  
ADULT: \_\_\_Sm \_\_\_Med \_\_\_Lg