JUST FOR FUN REGISTRATION FORM Justing parks PRADE FORK PARK DISTRICT





CENEDAL INFORMATION

Child's Name:	Birthdate://_	Gender:	M 🗌	F
Child's Name:		Gender:	M	F 🗌
Child's Name:	Birthdate://	Gender:	M	F 🗌
Parent/Guardian First and Last Name:				
Address:	City:	State:	Zip: _	
Home Phone: () Work Phone: (_) Email: _			
Child Care Provider:		Phone: (_)	
Address:	_ City:	State:	Zip: _	
Are there any specific limitations we need to be aware	of (e.g. allergies, medications, dis	abilities, asthma, beh	aviors, etc.)	?
Please Note: This is a drop-in recreation program, so chi participate in the program, please indicate if you would li need to establish this procedure). Children are allowed to	ike him/her to notify you before lea	our child wishes to go aving the program (yo	home or n u and your	ot child
Please have him/her call before coming home & make	sure someone is home (if no one ho	ome, we will call emergency	y contact to se	e what to do
My child can leave without calling.				
My child may go home with the following authorized a				
Other:				
EMERGENCY CONTACT INFORMATION	ON			
In case of an emergency or if your child is sent home, v				
	whom should we contact?	Phone: ()		_
In case of an emergency or if your child is sent home, v	whom should we contact? cident insurance for program particip	pants. The Park District's	s staff and m	anagemen
In case of an emergency or if your child is sent home, v Name: The Grand Forks Park District does not carry medical or acceptable.	whom should we contact? cident insurance for program participuries from accidents and mishaps du	pants. The Park District's	s staff and m	anagemer
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Parent/Guardian: ______ Date: _____