

Site Leader Initials:

Site Location:

BYRON TOWNSHIP RECREATION 2017 SUMMER RECREATION PROGRAM INFORMATION CARD

CHILD INFORMATION

Last Name:	First Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date:	Age:	Grade:	School Name:
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HOUSEHOLD INFORMATION

Parent/Guardian First & Last Name:	Parent/Guardian Email:		
Address:	Home Phone:		
City:	State:	Zip:	Cell Phone:

MEDICAL/EMERGENCY INFORMATION

Emergency Contact:	Phone:
Medical Conditions of note:	

BYRON TOWNSHIP SUMMER RECREATION DISCIPLINE POLICY

The following behavior will not be tolerated:

- Profanity
- Fighting or threats of fighting
- Excessive horseplay
- Bullying
- Stealing
- Disrespect for staff or other program participants
- Destruction of property

**Children may be suspended from the program if they display any of the listed behavior.
Parents/Guardians will be notified if problems arise.**

I hereby understand that Summer Recreation is a drop-in program and that I am responsible for my child at all times. I understand that my child **must leave the premises during the 11:30am-12:30pm lunch hour.**

Parent/Guardian Signature: _____

SITE HOURS

9:30am-11:30am
12:30pm-3:30pm

SITE LOCATIONS:

Countryside | 8200 Eastern Ave
Whistlestop Park | 2120 76th St. SW

JUNE DATES

June 19-23
June 26-30

JULY DATES

July 10-14
July 17-21

NOTE: Please complete this information card and return it to the site during program hours where your child will be participating.

PLEASE SIGN PERMISSION SLIP ON BACK FOR FIELD TRIPS.

**BYRON TOWNSHIP RECREATION
SUMMER REC FIELD TRIP PERMISSION SLIP**

****ONE PERMISSON SLIP PER CHILD MUST BE COMPLETED IN ORDER TO PARTICIPATE****

I, _____, give permission for my child, _____, to attend the scheduled field trips through the Byron Township Recreation Department's Summer Rec Program. I also understand that no transportation will be provided, and I am responsible for drop-off and pickup of my child at each field trip site.

In consideration of my child's participation, I do hereby specifically waive any and all claims against Byron Township, the Byron Township Recreation Department, Gaines Township, Byron Center Public Schools, and any agents or employees of the Department whether on a permanent, temporary or voluntary basis, for any and all claims for property damage and /or injury to myself or the minor or anyone claiming through me or him/her arising in any manner including, but not limited to, any injuries arising out of any act, or failure to act of the officers, agents and employees of the Byron Township Recreation Department. I specifically assume the risk of any injury in connection with this activity.

In addition, I understand that my child may be photographed performing the activities of the Summer Rec program and said photographs may be used on marketing materials for future Summer Rec related advertising, such as the Byron Rec seasonal brochure.

Signature of Parent: _____ **Date:** _____