

Swan River Playground Program

Participant Information: (please print clearly)

Name: _____ Age: _____ Grade: _____

Male: _____ Female: _____

Home Phone: _____ Address: _____

Parent/Guardian

Name: _____

Phone # Day: _____

Eve: _____

Cell: _____

E-mail: _____

Parent/Guardian

Name: _____

Phone # Day: _____

Eve: _____

Cell: _____

E-mail: _____

Alternate Contact

Name: _____

Phone # Day: _____

Eve: _____

Cell: _____

MHSC #_____
(6 digit)_____
(9 digit)**Doctor**

Relevant Medical History

1. Does participant wear or carry a medical alert notice? YES NO

2. Does the participant carry their own medications? YES NO

Does participant know how to administer their own medications? YES NO

What medications should this participant have on hand?
_____ NONE

3. Allergies: _____ NONE

4. Other information:

Risk Statement

The risk of injury exists in every athletic activity. Falls, collision, and other incidents may occur and cause injury. Due to the very nature of some activities, injuries may range from minor sprains through to serious life threatening conditions. These injuries can result from the nature of the activity and can occur without fault on either the part of the participant, other participant, supervisor, etc. Some sports have more serious potential than others. By choosing to participate in the activity, you are assuming the risk of an injury occurring. The odds of an injury can be reduced by carefully following instructions at all times while engaged in the activity. The Swan Valley Recreation Commission attempts to manage as effectively as possible the risk involved for participants while participating in the Playground Program.

IMPORTANT

It is recommended that parents/guardians be aware of the insurance coverage of participants. Some areas to consider might include: accidental death, injury, disability, ambulance, extended health care, dental, etc. Consider using the Student Accident Insurance Plan available by schools to parents at the beginning of the school year.

It is recommended that students wear appropriate personal protection such as secured eye protection and hair in a way that will not obstruct vision. Participants will not be permitted to wear jewelry, earrings, piercing, etc. while participating in the Playground Program.

PICTURES

I/We indicate that our son/daughter/ward can have pictures taken throughout the activities of the Playground Program:

Y _____ N _____

In the event of a field trip/excursion, I would be willing to drive: Y _____ N _____

I/We indicate that our son/daughter/ward has permission to participate in the Swan Valley District Recreation Commission Playground Program. I/We hereby acknowledge and accept the risk inherent in the Playground Program and assume responsibility for our son/daughter/ward for personal health, medical, dental and accident, insurance coverage.

Parent/Guardian Signature: _____

Date: _____

FEE

Session 1
July 6 – 24

Session 2
July 27 – August 14

Both Sessions
July 6 – August 14

Weekly

2 Day Program (Tuesday & Thursday)

1 Session \$18 2 Sessions \$35

3 Day Program (Monday, Wednesday & Friday)

1 Session \$30 2 Sessions \$50

5 Day Program (Monday – Friday)

1 Session \$45 2 Sessions \$85 Weekly \$15 Week 1 Week 2 Week 3
 Week 4 Week 5 Week 6

Total Paid: _____