Today's Date: _____

Tiger Den Before/After School Childcare

Program Enrollment Forms

(Tiger Den before/after school forms must be completed each school year in order for a child to attend the program.)

PARTICIPANT INFORMATION

Name_____ Age _____ ◯Male ◯Female

Date of Birth _____ Grade _____ Teacher _____

Address_____ City & Zip_____

PAYER INFORMATION

Payment for services is required prior to attendance. Payment options include on-line registration or in-person at the BPD office. Parent/guardians where the child primarily resides are responsible for payment of all fees incurred while using this program. In those situations of joint/split custody, a primary parent/guardian responsible for the payment of all fees must be designated *(Please refer to Financial Responsibility Policy in the Parent Handbook).*

Name_____ Relationship to Child _____

Address_____

City & Zip_____ Home/Primary Phone _____

Cell Phone _____ Work Phone _____

E-mail Address _____

ADDITIONAL PARENT/GUARDIAN(S)

Name_____ Relationship to Child _____

Address_____

City & Zip_____ Home/Primary Phone _____

Cell Phone _____ Work Phone _____

E-mail Address _____

Name_____ Relationship to Child _____

Address_____

City & Zip_____ Home/Primary Phone _____

Cell Phone _____ Work Phone _____

E-mail Address _____

MEDICAL/HEALTH & BEHAVIOR INFORMATION

Condition	Yes	No	Explanation
Physical Disability			
Allergies			
Asthma			
Behavioral Conditions (ADHD, etc.)			
Autism			
Seizures			
Fears or extreme dislikes			
Other:			
Other:			

Please list any medication or other medical/behavioral conditions that you believe is important for staff to know in order to provide the best care for your child(ren):

_____

_____

Will medication need to be given or self-administered during program hours? ____ Yes ____ No

- **If yes a *Medication Dispensing Information Form & Permission to Dispense Medication Waiver and Release Form or Waiver & Release Form for Use of Inhaler or Auto-Injector* Form Must be completed.**

RELEASE OF CHILD

I understand that the Byron Park District will only release my child to the parent/guardian(s) listed on the first page of the form. However, the individuals listed below also have my permission to pick-up my child. I understand that I am responsible for contacting the Byron Park District prior to each occurrence. In addition, in an emergency situation, these individuals may be contacted, if the Byron Park District can't reach a parent/guardian.

Name(s): _____ Name(s): _____

Relation: _____ Relation: _____

Phone: _____ Phone: _____

Name(s): _____ Name(s): _____

Relation: _____ Relation: _____

Phone: _____ Phone: _____

Parent Name (Please Print): _____

Signature: _____

DISTRICT 226 AFTER-SCHOOL PROGRAMS / OTHER BPD PROGRAMS

We will try to accommodate Tiger Den participants enrolled in District 226 after-school programs or other Byron Park District programs and escort them to/from these activities if the program is within the school complex and during Tiger Den hours. If a program ends after 5:50 pm; it will be the parent/guardian's responsibility to pick-up your child.

Is your child attending any District 226 after-school programs or additional Park District programs while enrolled in the Byron Park District Tiger Den? ☐ Yes ☐ No

School/Program Name: _____Specific Location: _____

Dates: _____Days: _____ Times: _____

Please describe request (Pick-up only, etc.):

_____

_____

_____

SWIMMING ABILITY

Please indicate your child's swimming ability: ☐ **Non-Swimmer** ☐ **Swimmer**

*We will not be swimming until Illinois enters phase 5 of the restore Illinois plan.

During our Fun Zone School's Out program, the participants swim at the Byron HS pool. Each camper will be designated as a "Non-Swimmer" or "Swimmer".

Non-Swimmers will be required to wear a lifejacket in water depths over their head and will not be allowed to use the diving board. Swimmer ability will be verified with a swim test conducted by a Tiger Den leader or lifeguard. A successful swim test consists of swimming the entire length of the pool (25 yds) nonstop, without touching the ground, hanging onto the sides or getting assistance from a camp leader/lifeguard. Upon successful completion, swimmers will receive a RED wristband to wear during all water activities.

TRAVEL AUTHORIZATION

Occasionally Tiger Den or Fun Zone activities include leaving the school grounds for walks to local parks, the Byron Library, restaurants, etc. and to participate in field trips using school bus transportation. By enrolling your child in our program, you automatically authorize your child to travel with the Tiger Den Program. Please describe any travel restrictions. (i.e. motion sickness – must ride in front of bus, etc.)

_____

ADDITIONAL INFORMATION

Is there anything else you would like our staff to know about your child?

_____

_____

TIGER DEN WAIVER

In the event of an emergency, I authorize the Byron Park District to secure any/all necessary medical attention from any accredited hospital and/or ward and further agree that I will be responsible for any and all medical services rendered. I have read and fully understand the Important Information, Waiver of Release of All Claims & Assumption of Risk. (See below) I further understand that my signature is required below in order to participate in Byron Park District programs.

In addition, I agree to abide by all of the policies/procedures contained in the Parent Handbook.

I understand that my child's picture may be taken for camp projects, Park District website, publications and marketing. _____
Initial

_____ _____
Signature of Parent/Guardian ***Date***

IMPORTANT INFORMATION
The Byron Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Byron Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK
Recreational activities are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity. All hazards and dangers cannot be foreseen. Depending on the particular activity, certain risks, dangers and injuries may exist due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and other risks inherent to the particular activity. In this regard, it is impossible for the Byron Park District to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK
Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Byron Park District, including its officials, agents, volunteers and employees.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.