



Kids Care Participant Emergency Form

1st Child's Name: _____ Date of Birth: _____

Allergies: _____ Special Needs: _____

2nd Child's Name: _____ Date of Birth: _____

Allergies: _____ Special Needs: _____

3rd Child's Name: _____ Date of Birth: _____

Allergies: _____ Special Needs: _____

Home Address: _____

City, State, Zip: _____

1st Parent/Guardian _____

Contact Info: _____ (Home #) _____ (Cell#)

2nd Parent/Guardian _____

Contact Info: _____ (Home #) _____ (Cell#)

Emergency Contacts and Authorized Releases (Other than Parent/Guardians):

Name: _____ Phone: _____

Relationship to child: _____

Name: _____ Phone: _____

Relationship to child: _____

I do hereby agree to the following:

1. I allow my child to participate in supervised gym play and walks.
2. I allow first aid treatment to be given to my child by Child Care personnel and/or a certified first aid person.
3. I allow my child's picture to be used for promotional activities.
4. I understand my child will be released only to the person(s) listed above or person signing the child in.
5. I understand a child's stay cannot exceed two consecutive hours. Complete parent guidelines are available at the Kids Care Center.

WAIVER FOR PARTICIPANT In consideration of your accepting my child's entry or my entry, I hereby, for myself, my child, my heirs, executors and administrators, waiver are release any and all rights and claims for damages I or my child may have against the City of Shoreview, the Parks and Recreation Department, or the school district and its representatives, successors and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups. I do hereby allow the City of Shoreview to use any photographs taken by the city, of the individual(s) named herein, in city informational publications released to the general public.

Parent/Guardian Signature _____ Date _____