



chicago park district

Participant Information

Park Name _____

NOTE: This form must be filled out in its entirety without modification or participation will be denied.

Participant Information

Participant Name(s) _____

Registered Receipt Numbers/Activity Codes/Activity Names _____

Street Address, Apt/Unit _____

Gender _____ Birth Date _____ Phone Number _____

City, State, Zip Code _____

Email Address (optional) of Participant or Parent/Legal Guardian _____

School (if student) _____

Grade (if student) _____ Age _____ T-shirt size* _____

*Not all programs provide T-shirts. Choose from youth sizes 2T-4T, 2-3, 4-5, 6-8, 10-12, 14-16, or adult sizes S, M, L, XL

Emergency Information

Primary contact

Name (Parent/Legal Guardian if Participant is a child) _____

Participant's Physician/Hospital Name _____ Phone Number _____

Day Phone _____ Evening Phone _____ Relationship to Participant _____

Insurance Company _____ Policy Number _____

Secondary Contact

Name _____

In the event of a medical emergency, I hereby authorize and give my consent to the Chicago Park District and its employees, coaches and/or volunteers to secure from any accredited hospital, clinic, and/or physician any treatment deemed necessary for my or my child's immediate care. I agree that I shall remain responsible for any and all expenses incurred for such emergency medical care and treatment.

Day Phone _____ Evening Phone _____ Relationship to Participant _____

Participant Special Needs, such as Allergies/Medications _____

Signature (Parent/Legal Guardian if Participant is a child) _____ Date _____

Agreement to Participate

I hereby give permission for my child to participate in park activities, including swimming and field trips. I fully assume all responsibility for injuries she/he or I may receive or articles lost while participating in these activities or while in travel to or from said activities and field trips, and hereby release the Chicago Park District and its employees from liability for any injury I or my child(ren) may sustain.

I have received, read and understand the "Program Information Sheets for Parents" (for Summer Camp and PARK Kids only) and agree to abide by the policies stated therein. I understand that this form will be due the first day of class or my child will not be enrolled. I have read and agreed to all the information contained in the above Parental Agreement and have filled out emergency information on my child(ren).

I hereby grant permission to the Chicago Park District for the use of any and all photos in which I or my child(ren) may appear (wards of the State excluded). The usage is inclusive of, but not limited to, the publication or inclusion in brochures, posters, catalogs, handbooks, banners, and broadcast or print advertisements. I agree to waive any claim to compensation for use of said photos.

I agree to allow my information to be entered into a database that may be used in aggregate for reporting and analysis on this program.

Signature (Parent/Legal Guardian if Participant is a child) _____ Date _____

Parent/Legal Guardian Agreements

The following agreements apply to all Park District programs.

Who is permitted to pick up your child(ren)? Your child(ren) will only be released to listed person(s). Anyone picking up a child must present a picture I.D.

My child(ren) may walk home unescorted at time of dismissal. Yes No

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

Is anyone prohibited from picking up your child(ren)? Yes No

If yes, who?

I understand my child must be picked up daily by the assigned dismissal time or a \$5.00 per 30 minutes late fee will be assessed. Warning: Repeated late pick-up (more than twice) will result in the expulsion of your child from the program. If your child has not been picked up by 8:00 p.m., the park staff will contact the Police Department.

Name _____ Relationship to Child _____

Signature Parent/Legal Guardian _____ Date _____

Dreams play here™



IDENTITY & RIGHTS AGREEMENT

In consideration of your selection of me as a guest, as a member of a panel, an interviewee, or as a participant in an event on a sponsored or unsponsored, radio, television, internet, mobile phone or any other content platform that currently exists or may be created (or all of the previously mentioned), I agree to indemnify you, your affiliated media partners, sponsors or their marketing agencies and officers and employees of each, and in any way connected with World Sport Chicago, Chicago 2016, the United States Olympic Committee and the International Olympic Committee, against and hold them and you harmless from any and all liability, claims, demands, losses and damages arising from any statement, act, pose, routine or otherwise made by me during my appearance; further, I grant you the right to use my appearance in perpetuity and to edit, delete from, add to and use such images, recordings or portions there of embodying my appearance, voice or writings at any future times for unlimited radio, television, internet, mobile phone or any other content platform broadcasting or all of the above as part of any programming you create, to make unlimited use of such images, recordings or writings at any future times in all other entertainment media, to license of my name, likeness and voice in connection with broadcasting and to exhibit or publish copies of said photographs or recordings, and to use my name and likeness in advertising and publicity respecting the program and sponsors thereof and all other uses of said recordings and images.

I hereby release you and all those listed above from all claims, liability or actions based liability or actions based upon any use you may make of my appearance, and further release and discharge you and them from any and all liability arising out of any injury of any kind, whether to person or property, which may be sustained by me from my participation in or by reason of your event or broadcast programs, or by reason of the exercise of any of the rights granted to you hereunder.

DATE: _____ PRINTED NAME: _____

SIGNATURE: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____

PARENTAL SIGNATURE: _____
(if under 18)