

Kids Safe City
Training Facility
8110 S. Ferdinand Ave
Bridgeview, IL 60455

PH: (708) 458-6343
FAX: (708) 458-6345

www.kidssafecity.org
kidssafecity@att.net

Summer Camp Registration Form

Child's Name _____ Birthday ___/___/___ (mm/dd/yyyy)

Parent/Guardian Name _____

Relationship to Child _____

Phone () _____ - _____ home cell work

Secondary Phone () _____ - _____ home cell work

Address _____

City _____ Zip _____

Parent/Guardian Email _____

Session: June _____ July _____ August _____

Please indicate child's T-Shirt size:

Small (6-8) _____ Medium (10-12) _____ Large (14-16) _____

*****FOR INTERNAL OFFICE USE ONLY!*****

Child Release Authorization received _____ Date Received _____

Permission & Medical Release received _____

T-Shirt received: Registration _____ 1st Day of Program _____

Name of Child/Children who registered together:

Program Total: \$ _____ Date Paid _____

Check Number _____ Cash _____ Initials _____

Notes: _____

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Permission & Medical Release Form

Please Print

Child's Name _____ **Phone (_____)** _____

Address _____ **Alt. Phone (_____)** _____

City _____ **Zip** _____

The undersigned gives permission for _____
Child's Name

To participate in the KIDS SAFE CITY activities and releases KIDS SAFE CITY, the Bridgeview Park District, its officers, employees and agents from any liability whatsoever for any injury or death to person or loss or damage to property sustained by the undersigned for any member of the child's family in attendance. The undersigned agrees to defend and indemnify KIDS SAFE CITY, the Bridgeview Park District, its officers, employees and agents of any liability or loss they might sustain by reason thereof.

I also give permission for my child to be photographed for publicity purposes. These pictures may be released to newspapers, used on our website, our picture boards or other appropriate uses for advertising the Safety Program.

In the event I cannot be reached in an EMERGENCY, I hereby give permission to KIDS SAFE CITY and the Bridgeview Park District to secure proper treatment for my child.

Parent/Guardian Signature _____

Print Name _____

Date _____

Emergency Contact and Medical Information Form

Emergency Contact

1. Name _____

Relationship to Child _____ Phone () _____ - _____

2. Name _____

Relationship to Child _____ Phone () _____ - _____

3. Name _____

Relationship to Child _____ Phone () _____ - _____

Child's Doctor Information

Name _____ Phone () _____ - _____

Address _____

City _____ Zip _____

Please indicate any medical information or special accommodations your child requires.
(Allergies, disabilities, etc.)

If applicable, please supply any medications with detailed instructions. Your signature below gives us permission to distribute the medication, as directed, to your child.

Parent/Guardian Signature _____

Print Name _____ Date _____

Child Release Authorization

I, _____, give permission to the following people, other than myself, to pick up my child. Please list all persons, including spouse, if applicable. If somebody will be picking up your child, other than those on the list, you need to notify Kids Safe City in person before they do so.

An ID will be required before Kids Safe City will release your child to anyone on this list. Thank you!

1. Name _____

Relationship to Child _____ Phone () _____ - _____

2. Name _____

Relationship to Child _____ Phone () _____ - _____

3. Name _____

Relationship to Child _____ Phone () _____ - _____

Parent/Guardian Signature _____

Date _____