

SIBLING PACKET

PLEASE COMPLETE ALL OF THE PAPERWORK INCLUDED.

THANK YOU

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Fortuna Parks & Recreation's Registration Form

"Helping build our community one child at a time"



Child's Information

First Name: _____ Last Name: _____

Mailing Address: _____ City _____ Zip Code _____

Male Female Birth Date: ____/____/____ Grade: _____ Age: (as of June 20, 2016) _____

Parent/Guardian Information

Parent #1

First Name: _____ Last Name: _____

Mailing Address: _____ City _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail _____ Private (If you check "private", you will not receive information on upcoming programs. Your email address will not be shared.)

Parent #2

First Name: _____ Last Name: _____

Mailing Address: _____ City _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail _____ Private (If you check "private", you will not receive information on upcoming programs. Your email address will not be shared.)

Emergency Contact Information *(if listed above, do not list here)*

Contact #1

Name _____ Relationship to child _____

Phone Numbers _____ May pick up child: Yes No

Contact #2

Name _____ Relationship to child _____

Phone Numbers _____ May pick up child: Yes No

Contact #3

Name _____ Relationship to child _____

Phone Numbers _____ May pick up child: Yes No

Contact #4

Name _____ Relationship to child _____

Phone Numbers _____ May pick up child: Yes No

Parent/Guardian Signature: _____ Date: _____

For Office Use Only

Liability Form Completed: Summer Fun/Holiday Breaks

Program: SFun KKamp

FORTUNA PARKS AND RECREATION DEPARTMENT

Please Print Following:

Child's Name: _____ Parent/Guardian's Name: _____

Health Concerns

(Indicate N/A if it does not apply to your child) _____

Heart Conditions Diabetic Asthma Eye/Ear Infection Convulsions Headaches ADD/ADHD

Allergy ~ Foods: _____ Bee Stings: Yes or No ~ Anti-bacterial Gel: Yes or NO

Other special needs, pertinent information, or problems concerning your child: _____

**** Please note: The City of Fortuna cannot hold or administer any medication for your child. ****

Photographing your Child

From time to time we take pictures during Fortuna Parks & Recreation activities. We would like your permission to use these pictures on our website, in our newsletter, on our bulletin board or the newspaper. We will never reference your child by name or provide any specific information regarding your child.

NO - Please do NOT take or use any photos of my child.

YES - I grant you permission to use photos of my child on your website, bulletin board or newsletter.

Movies

My child may watch movies with the following ratings (circle all that apply): G / PG

Walking / Riding Bike Home

Please indicate on preferred release type:

My child has permission to walk or ride bike home unescorted at _____ pm.

My child does not have permission to walk or ride bike home.

Do Not Release My Child To The Following Person:

Indicate N/A if it does not apply to your child _____

This section should not include anyone allowed to pick up your child.

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Field Trip

This is a blanket permission slip, field trips will be announced & permission slip will need to be signed separately prior to field trip.

My child, _____, has my permission to participate in the field trip listed above. I fully understand that field trip participants are to abide by all rules and regulations regarding conduct during the trip. Any violation of these rules and regulations may result in my being contacted to arrange transportation home for my child at my expense. I acknowledge that the waiver signed for my child to participate in the Summer Fun Program applies to this activity.

I have read the program packet included and have reviewed them with my child.

Parent/Guardian's Signature: _____ Date: _____

**CITY OF FORTUNA
WAIVER OF LIABILITY, MEDICAL RELEASE AND INDEMNIFICATION AGREEMENT
MINOR**

ACTIVITY: FORTUNA PARKS & RECREATION SUMMER FUN AND HOLIDAY RECREATION

Takes place indoors and outdoors, and includes walking, running, hiking, skating, biking and field trips. Activities may involve use of miscellaneous recreation and playground equipment, physical contact between participants, and strenuous physical activity. Activities are supervised by City Personnel.

Printed Name of Minor Participant: _____

Minor Participant's Date of Birth: _____

In consideration of the named minor child being permitted by the City of Fortuna to participate in the above-described activity, each of us waives, releases and discharges any and all claims and damages for personal injury, death, or property damage which said minor child may sustain or which may occur as a result of the minor child's participation in said activity. This release is intended to discharge, in advance, the City of Fortuna, its officers, employees, agents and volunteers, from and against any and all liability arising out of, or connected in any way with, the participation of the minor child in said activity, even though that liability may arise out of negligence or carelessness on the part of the City of Fortuna, its officers, employees, agents and volunteers.

Each of us understands that the above activity may be of a hazardous nature and/or include physical and/or strenuous exercise or activity; that serious accidents occasionally occur during the above-described activity; and that participants in the above-described activity occasionally sustain mortal or personal injuries and/or property damages as a consequence thereof. Knowing the risks involved, nevertheless, each of us has requested permission for the minor child to participate in the above-described activity and each of us hereby agrees to assume any and all risks of injury and to release and hold harmless the City of Fortuna, its officers, employees, agents and volunteers, who through negligence, carelessness, or any other act or omission might otherwise be liable to me or said minor child. It is further understood and agreed that this waiver, release, and assumption of risks is to be binding on the heirs and assigns of each of the undersigned.

Each of us further agrees to indemnify and to hold the City of Fortuna, its officers, employees, agents and volunteers free and harmless from any loss, liability, damage, cost, or expense which may be incurred as a result of any injury and/or property damage that said minor may sustain while participating in said activity.

Each agrees, in the event said minor requires medical or surgical treatment while under the supervision of City of Fortuna's personnel, in connection with the above-described activity, such supervisor may authorize treatment. Each of us also agrees to pay all medical, hospital, or other expenses which said minor may incur as a result of such treatment.

WE/(I) HAVE CAREFULLY READ THIS WAIVER OF LIABILITY, MEDICAL RELEASE, AND INDEMNIFICATION AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. IT IS UNDERSTOOD THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN THE UNDERSIGNED AND THE CITY OF FORTUNA AND THAT THE SIGNATURES HEREIN HAVE BEEN GIVEN VOLUNTARILY.

Date Signed: _____

Signature of Parent or Legal Guardian: _____

Printed Name of Parent or Legal Guardian: _____

Parent or Legal Guardian's Relationship to Minor Participant: _____



**CITY OF FORTUNA
PARKS AND RECREATION**

5 Park Street ~ Fortuna, CA 95540
 Phone: (707) 725-7620 ~ Fax: (707) 725-7576
 Email: twilson@ci.fortuna.ca.us
 web: www.friendlyfortuna.com

FUN PAYMENT PLAN

To provide the proper staff ratio and keep you updated on fees, please complete the following:

Child's Name: _____ Parent's Name: _____

Email address: _____

staffing reasons, we ask your schedule. We do understand schedules can change and we can make accommodations for those changes. If your child is attending weekly: check the weeks of attendance. If your child will only be attending a few days a week please circle the days of the week.

Payments can be made in full or may be made in 3 installments.

Payment options:

or check or over phone with credit card

Pay in the office or outside at Summer Fun Check-in

First payment is due when registering your child.

Payments are due 1st day of July and August.

Failure to make payments according to the payment plan schedule may result in the participant(s) being withdrawn from the program.

Wk	Dates	Days
	#1: June 20 - 24	M/T/W/T/F
	#2: June 27 - July 1	M/T/W/T/F
	#3: July 5 - July 8	T/W/T/F
	#4: July 11 - 15	M/T/W/T/F
	#5: July 18 - 22	M/T/W/T/F
	#6: July 25 - 29	M/T/W/T/F
	#7: Aug 1 - Aug 5	M/T/W/T/F
	#8: Aug 8 - 12	M/T/W/T/F
	#9: Aug 15 - 19	M/T/W/T/F
	#10: Aug 22 - 26	M/T/W/T/F

office staff only: Office staff will figure out the least expensive option and inform you of your monthly payments.

Total Fees Due:	Payment 1	Payment 2	Payment 3
\$	\$	\$	\$
Date Due			