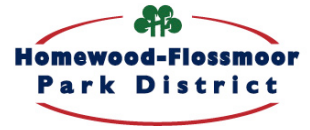


HOMEWOOD-FLOSSMOOR PARK DISTRICT  
Hobo Jungle Emergency Information



Dear Parents:

In order to better serve both you and your child, especially in the case of an emergency, we would like you to fill out the information requested below. This will help us contact you or a close friend or relative if necessary. This will also give us an emergency release form for your child if an attempt to reach you or your emergency numbers fail. Please fill out the information and return it to your child's program leader immediately. If any information changes on this form please update this form immediately or ask to fill out a new one. Thank you. Your E-mail address

\_\_\_\_\_.

**Name of First Child**

(First) \_\_\_\_\_ (Last) \_\_\_\_\_

**Name of Second Child**

(First) \_\_\_\_\_ (Last) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

**Mother's Name** (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Mother's Place of Work \_\_\_\_\_ City \_\_\_\_\_

Phone \_\_\_\_\_ Cell ( ) \_\_\_\_\_

**Father's Name** (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Father's Place of Work \_\_\_\_\_ City \_\_\_\_\_

Phone \_\_\_\_\_ Cell ( ) \_\_\_\_\_

1. **Close Friend/Relative:** Name \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell ( ) \_\_\_\_\_

2. **Close Friend/Relative:** Name \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell ( ) \_\_\_\_\_

3. **Close Friend/Relative:** Name \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Is your child presently on any medication? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what kind? \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what kind? \_\_\_\_\_

Can one of the above close friends or relatives pick up your child from a Park District program?

Yes \_\_\_\_\_ No \_\_\_\_\_

HFPD #364A

< OVER >



HOBO JUNGLE  
EMERGENCY RELEASE FORM

IN THE EVENT OF ANY EMERGENCY, I AUTHORIZE DISTRICT OFFICIALS TO SECURE FROM ANY LICENSED HOSPITAL, PHYSICIAN AND/OR MEDICAL PERSONNEL ANY TREATMENT DEEMED NECESSARY FOR ME OR MY MINOR CHILD/WARD'S IMMEDIATE CARE AND AGREE THAT I WILL BE RESPONSIBLE FOR PAYMENT OF AND ALL MEDICAL SERVICES RENDERED.

---

First Child's Name	Program and Location	Time & Date
--------------------	----------------------	-------------

---

Second Child's Name	Program and Location	Time & Date
---------------------	----------------------	-------------

I, the child's/rens parent, have authorized, in advance, all emergency treatment.

**Parent Signature** \_\_\_\_\_

TO CASHIER: Please accept our insurance

\_\_\_\_\_ or bill us.

**Parent Signature** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

If paramedics have a choice, which hospital would you **prefer** your child receive treatment:

\_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
(Please provide family physician)



HOMEWOOD-FLOSSMOOR PARK DISTRICT  
HOBO JUNGLE CAMPER PICK-UP RELEASE FORM

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_

will drop off and pick up my child from HOBO JUNGLE. In the event that I am unable to do so, I give authorization for:

\_\_\_\_\_  
Name Home phone Daytime phone Cell phone

**or**

\_\_\_\_\_  
Name Home phone Daytime phone Cell phone

to pick up my child. The above persons are the only people with whom my child is allowed to leave from the Park District activity. **I understand any changes from this must be in advance and in writing to the Homewood-Flossmoor Park District staff/instructor.**

**AND/OR**

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_

give permission for my child to (circle) **WALK / RIDE BIKE** to and from the Park District program. **I understand any changes from this must be made in advance and in writing to the Homewood-Flossmoor Park District staff/instructor.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

HFPD-#364C

**< OVER >**

**PROGRAM WAIVER & RELEASE**

**IMPORTANT INFORMATION**

The Homewood-Flossmoor 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 Homewood-Flossmoor 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 must recognize that there is an inherent risk of injury when choosing to participate in recreation activities.

You are solely responsible for determining if you or your minor child/ward are physical 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 recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

**WARNING OF RISK**

Recreational activities/programs 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/program. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the Homewood-Flossmoor 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, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity that my minor child/ward or I may sustain as a result of participating in any and all activities connected with or associated with this program/activity. 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 Homewood-Flossmoor Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as Homewood-Flossmoor Park District).

I do hereby full release and forever discharge the Homewood-Flossmoor Park District from any and all claims for injuries, damages or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program activity.

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, your on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Participant's Name \_\_\_\_\_ Date \_\_\_\_\_  
(PLEASE PRINT)

Participant's Signature \_\_\_\_\_  
(Parent/ Guardian unless 18 years or older)

PARTICIPATION WILL BE DENIED If signature and date of adult participant or parent/guardian are not on this waiver.

PLEASE SIGN AND RETURN TO: CAMP DIRECTOR