



Harvey Park District  
Administration Office  
15335 S Broadway Ave.  
Harvey, IL 60426  
Tel: (708)331-3857 Fax: (708)893-0533  
[www.harveyparkdistrict.org](http://www.harveyparkdistrict.org)

Date: \_\_\_\_\_

Site: **HOLMES PARK (ONLINE)**

Home Phone: \_\_\_\_\_

**Park Programs Work** \_\_\_\_\_ GENERAL INFORMATION/MEDICAL HISTORY FORM  
(Program Title)

(Please print all information clearly using blue or black ink)

Minor Child/Participant Last Name			First Name			M.I.	
Address			City		State		Zip Code
Date of Birth		Age	Sex		Nickname		
Please list all known ALLERGIES: (Use additional sheets if necessary)				Please list all current MEDICATION:			
School Name			Grade	Room #	Hobbies		
School Address			City, State		Teacher Name		
Is the child eligible for IDPA/DCFS payment?		Is the child covered under insurance?		Case Number/Plan Number			
Case Worker Name					Case Worker Telephone Number		
Case Worker Office Address							
Mother/Guardian Name							
Address (if different from child's)					City/State/Zip		
Daytime Telephone		Evening Telephone		Email Address			
Father/Guardian Name							
Address (if different from child's)					City/State/Zip		
Daytime Telephone		Evening Telephone		Email Address			

Emergency Contact Name	Relationship	Daytime Telephone Number

Justice involvement Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, do you need assistance with expungement Yes \_\_\_\_\_ No \_\_\_\_\_  
Number of people in household \_\_\_\_\_

<b>MEDICAL INFORMATION</b>			
Minor Child Physician		City	Telephone Number
Date of last Visit/Examination	Results		
Is the child under a physician's care now?		Is the child receiving any medication? (List on first page of form)	
Has the child ever been hospitalized?	Hospital(s):		
<b>Hospitalization Dates</b>	<b>Reason</b>		
<b>Does your minor child have a history of difficulty with any of the following? Please check all that apply.</b>			
<input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Anemia <input type="checkbox"/> Asthma <input type="checkbox"/> Bladder Issues <input type="checkbox"/> Bleeding (excess) <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Convulsions <input type="checkbox"/> Diabetes <input type="checkbox"/> Drug/Alcohol	<input type="checkbox"/> Abuse <input type="checkbox"/> Ear Infections <input type="checkbox"/> Epilepsy <input type="checkbox"/> Eczema <input type="checkbox"/> Heart Problems <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Hepatitis <input type="checkbox"/> Hemophilia <input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Lead Poisoning <input type="checkbox"/> Liver Disease <input type="checkbox"/> Measles <input type="checkbox"/> Mononucleosis <input type="checkbox"/> Mumps <input type="checkbox"/> Sickle Cells Anemia <input type="checkbox"/> Speech Problems <input type="checkbox"/> Thyroid <input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Urinary Disease <input type="checkbox"/> Vision Problems <input type="checkbox"/> Other (list below) <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div>

**WAIVER, RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT FOR THE HARVEY PARK DISTRICT** \_\_\_\_\_ **PARK PROGRAMS WORK** \_\_\_\_\_ **PROGRAM**  
 (Program Title)

I hereby give permission for \_\_\_\_\_ to participate in the Harvey Park District \_\_\_\_\_ program.  
 (Minor/Child's Name) (Program Title)

I have read and fully understand the brochure activities, allowing minor child to participate in the program; I recognize and acknowledge that there are certain risks of physical injury. I agree to waive and relinquish and all claims arising against the Harvey Park District as a result of participation in this program. I agree to assume the full risk of any injuries, including death, damages, or loss that I may sustain as a result of participating, in any manner, in any and all activities connected with or associated with \_\_\_\_\_ program.  
 (Program Title)

I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risk of injury. I do hereby fully release and discharge the Harvey Park District, and any and all related parties, from any and all claims resulting from injuries, including death, damages, and losses sustained by anyone and arising out of, connected with or in any way associated with my minor child's conduct and activities of the program.

The information that I have given in this form is correct to the best of my knowledge. I understand that this information will be held in the strictest of confidence by the Harvey Park District staff and that it is my responsibility to inform park district staff of any changes in my minor child's medical status.

**Print Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# LIABILITY WAIVER

Family Last Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Participant (First and Last Name)	Sex	Birthdate	Program Name	Start Date	Program Code	Receipt # (Office Use)	Fee
			Park Programs Work				\$0.00

## Waiver and Release of All Claims

Please read this form carefully and be aware that in registering yourself or your minor for participating in the above program(s) you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of the above program(s) including transportation services and vehicle operations, when provided. I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any and all injuries, damages, or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s).

I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the programs(s) against Harvey Park District, its officers, agents, servants, and employees.

I do hereby fully release and discharge the Harvey Park District, its officers, agents, servants, and employees from any and all claims from injuries, damages, or loss which I or my minor child/ward may have, or which may occur to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the programs(s).

I further agree to indemnify and hold harmless and defend the Harvey Park District, its officers, servants, and employees from any and all claims resulting from injuries, damages or losses sustained by me or my minor child/ward arising out of, connected with, or in any way associated with the activities of the program(s)

In the event of any emergency, I authorize Harvey Park District officials to secure from any licensed hospital; physician and/or medical personnel any treatment deemed necessary for me or my minor child /ward immediate care and agree that will be responsible for payment of any and all medical service rendered.

I have read and fully understand the above program detail, Waiver and Release of All Claims and Permission to secure treatment. If registering online or via fax, my online facsimile signature shall substitute for and have the same legal effect as an original form signature.

\_\_\_\_\_  
Signature of Participant 18yrs and older or Parent/Guardian

\_\_\_\_\_  
Date

# EMERGENCY CONTACT

Applicant Name (print) \_\_\_\_\_  
First Last

The people listed below shall be contacted in the event of an emergency or illness when the parents/guardians are not available. In addition, those listed below will be the ONLY person(s) allowed to pick-up the applicant besides the parents/guardians. Unless court ordered documentation be provided to show, otherwise both parents are automatically authorized to pick-up their child. Under no circumstance will a child be released to any person other than those listed below unless the Harvey Park District is given permission in writing by one of the participants parents/guardians. The staff will ask for identification from the person picking-up your child, so please make sure that every person listed below has some form of picture ID when they are retrieving your child.

**Any changes must be made within the first week of Parks Programs Work**

Emergency Contact Name	Relationship to Applicant	Morning Phone Number	Afternoon Phone Number

If on any occasion someone other than the individual's specified on the drop-off/pick-up form must pick up your child, or you are planning to pick your child up earlier than 5:30PM you must send a written note with your child that must include the following instructions:

- Date of release
- Expected time of release
- Full name of approved adult
- Parent signature
- Phone number to be used to contact parent(s) for confirmation as needed

Please call the camp office as soon as possible if something unexpected comes up that causes you not to follow your usual drop-off or pick-up schedule on a particular day.

*Your signature on this form states that you understand and agree to the above drop-off and pick-up procedures:*

\_\_\_\_\_  
Signature of Participant 18yrs and older or Parent/Guardian

\_\_\_\_\_  
Date

## PHOTO RELEASE

# FORM

I, \_\_\_\_\_ the parent of \_\_\_\_\_  
agree to have my child/children photographed by Harvey Park District during Park Programs  
Work hours, cultural exploration trips, or other activities. I understand that these photographs  
may be used in promoting childcare services either in print or on the internet.

With my signature below, I grant permission for my child to be photographed and their images  
record for print or electronic use in promoting Park Programs Work services. I understand that  
it is my responsibility to update this form in the event that I no longer wish to authorize the  
above uses. I agree that this form will remain in effect during the terms of my child's  
enrollment. I understand that there will be no payments for me or my child's participation in  
this release.

**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Relationship to Child** \_\_\_\_\_

# POLICIES

## **Late Policy:**

Any parent more than 10 minutes late will be charged \$5 every 10 minutes up to 20 minutes. The participant(s) will not be allowed to return until late fees are paid in full. After three incidents, the participant(s) will not be able to return to Park Programs Work. NO EXCEPTIONS

**Signature:** \_\_\_\_\_  
(Participant 18yrs and older or Parent/Guardian)

## **Behavior Policy:**

THREE STRIKES. A strict behavior policy will be enforced on all participants in the attendance of the Harvey Park District *Park Programs Work*. Any participant that continually displays disruptive and/or disrespectful behavior will be dismissed from the program.

**Signature:** \_\_\_\_\_  
(Participant 18yrs and older or Parent/Guardian)

## **Dress Code Policy:**

Program participants are expected to dress in [casual, business casual, smart casual, business] attire unless the day's tasks require otherwise. Participants must always present a clean, professional appearance. Everyone is expected to be well-groomed and wear clean clothing, free of holes, tears, or other signs of wear. Clothing with offensive or inappropriate designs or stamps are not allowed. Clothing should not be too revealing.

**Signature:** \_\_\_\_\_  
(Participant 18yrs and older or Parent/Guardian)