

# Twilight Park PARENTAL CONSENT & ACKNOWLEDGEMENTS – 2012

Please complete this form before the first day. You may give it to a Head Counselor or Youth Director or put it in our mail box at the TP Gate House or come 15 minutes early to your first day of Play / Activities Group.

Child(rens) Name(s): \_\_\_\_\_

*Please initial yes or no for each item. You must initial yes on items marked with a \* or your child or children cannot attend Twilight Park Play Group.*

**1. UNDERSTANDING OF INHERENT RISK AND PERMISSION TO PARTICIPATE\* \_\_\_\_\_ Yes \_\_\_\_\_ No**

It is my sincere wish that my child enjoy the experience afforded at Twilight Play / Activities Group and I understand that even after reasonable precautions have been taken, many activities such as swimming, hiking, target sports, challenge courses, etc. have inherent risks. I will not hold Twilight Park Play/ Activity Groups or Twilight Park Cottagers responsible for accidents resulting in injury or death as result of my child's participation in the Play / Activity program. *I understand that by signing, I certify that my child is healthy and free from conditions that may be deleterious to his/her happiness or that of other campers.*

**2. MEDICAL TREATMENT AUTHORIZATION \* \_\_\_\_\_ Yes \_\_\_\_\_ No**

I hereby authorize the staff of Twilight Park Play Group to give First Aid and CPR to my child as needed. I understand that the staff is trained in the basics of First Aid and CPR. In the event of an emergency, I hereby authorize the program staff to have my child transported to the nearest medical facility and secure necessary medical treatment included, but not limited to: hospitalization, injections, anesthesia and/or surgery. In the event that I cannot be reached I hereby give permission to the physician attending to my child to secure and administer treatment as necessary. I understand that the staff will make every effort to notify me of the emergency immediately.

**3. PAYMENT AGREEMENT \* \_\_\_\_\_ Yes \_\_\_\_\_ No**

I understand that full payment to attend Play/ Activity Group is due in full before the first day of attendance.

**4. LATE PICK-UP and DROP OFF POLICY \* \_\_\_\_\_ Yes \_\_\_\_\_ No**

I understand it is my responsibility to inform the staff if I am delayed in picking up my child and after 10 minute delay you may be asked to pay for extra staff time. To be sure that campers have not unexpectedly disappeared, I understand it is my responsibility to notify the camp if a child is ill or will not be attending as expected. Camp personnel will attempt to call parents/guardians and/or emergency contacts if campers are not signed in as expected.

**5. SWIMMING CONSENT \_\_\_\_\_ Yes \_\_\_\_\_ No**

I hereby grant consent for my child to participate in swimming activities.

My child's ability level is: \_\_\_\_\_ Non-Swimmer \_\_\_\_\_ Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced

**6. SUNBLOCK & INSECT REPELLANT PERMISSION \_\_\_\_\_ Yes \_\_\_\_\_ No**

I give permission for my child to have sunscreen and insect repellant applied to him/her by the group counselor if they are too young to apply it themselves.

**7. BENADRYL PERMISSION \_\_\_\_\_ Yes \_\_\_\_\_ No**

I give permission for my child to receive Benadryl if needed for a sudden allergic reaction occurring while attending the Twilight Park play / Activities Program.

**8. PROMOTIONAL RELEASE \_\_\_\_\_ Yes \_\_\_\_\_ No**

I hereby grant consent and authorize the use of photographs, slides, videotapes and film of my child participating in Twilight Park activities for commercial and art purposes in any medium of advertising, communication, publication or publicity that will promote Twilight Park Youth Program programs and services, and/or recognition of participants. I understand that the Twilight Park is a non-profit organization.

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