

# Park Point Community Club Summer Youth Program

## Registration Form and General Permission Slip

This registration form is also a general permission slip that pertains to activities/fieldtrips that are taken with the Park Point Community Club Summer Youth Program throughout the city of Duluth MN. A special permission slip will be used for each activity/fieldtrip that is required by other organizations.

**Name of child:** \_\_\_\_\_ Age: \_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip \_\_\_\_\_ Full-time/Weekly/Daily

### Field Trip Permission

I authorize permission for my child to participate in Field Trips via the Duluth Transit Authority bus within the city of Duluth, MN. Yes \_\_\_\_ No \_\_\_\_

### Signature of Parent or Legal Guardian

**Mother:** \_\_\_\_\_  
Address \_\_\_\_\_  
Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Email address \_\_\_\_\_

**Father:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Email address \_\_\_\_\_

**Legal Guardian:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Email address \_\_\_\_\_

### Emergency Contact: (other than parent)

**1. Name:** \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**2. Name:** \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**3. Name:** \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Please circle the contact above to call first in the case of accident, illness or behavior.

**Medical Information:**

Food Allergies: \_\_\_\_\_

Medical Allergies: \_\_\_\_\_

Environmental Allergies: \_\_\_\_\_

Special Needs/Concerns: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

**Adults authorized to pick up child:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Permission for my child to be photographed for:**

Park Point Breeze: Yes \_\_\_\_ No \_\_\_\_ Park Point Web Site: Yes \_\_\_\_ No \_\_\_\_

Edible Garden Scrap book: Yes \_\_\_\_ No \_\_\_\_ End of Year Kids Book: Yes \_\_\_\_ No \_\_\_\_

Presentations/Applications for Grants: Yes \_\_\_\_ No \_\_\_\_

**Permission for my child to participate in Food Tasting Activities:** Yes \_\_\_\_ No \_\_\_\_

**Permission for my child to be sun screened when needed:** Yes \_\_\_\_ No \_\_\_\_

If there is a current Order for Protection or Restraint Order in effect that impacts your child, and you wish to make the Community Club aware of its existence, a copy of that document must be provided with this registration form. By receiving a copy of the document, the Park Point Community Club and the Park Point Community Club Summer Youth Program Staff is not guaranteeing that it will be able to enforce the terms and conditions of the order. However, the Community Club and the Park Point Community Club Summer Youth Program Staff will attempt to assist you to the extent it is able.

The data requested on this form which describes medical or health conditions, family relations and living arrangements is requested to provide for the special needs of the child and for emergencies. You are not legally requires to provide this data and you may refuse to do so. The government of the United States, the State of Minnesota, and/or various departments and agencies thereof, may be authorized federal or state law to receive the data. The Community Club may release the data to such entities.

I understand the Park Point Community Club and Park Point Community Club Summer Youth Program is not liable for accidents or injury.

I have reviewed the Park Point Summer Youth Program Expectations and Behavior Guidance and agree the guidelines and expectations.

Signature of Parent or Guardian: \_\_\_\_\_

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