



**SUMMER DAYZ PROGRAM
2020 MEDICAL INFORMATION AND WAIVER FORM**

Children will not be allowed to begin participating in the program until this form is fully completed and returned to City Hall.

Please complete the following information for each child:

Child's Name	Has child had a Tetanus Shot?		Does child have any allergies? Explain any reactions previously witnessed.	Has a doctor placed any restriction on the child's participation? Explain.
	No	Yes (give date)		

Who should be contacted in the event of an emergency?

- Name _____ Relationship _____
Daytime phone(s) _____
- Name _____ Relationship _____
Daytime phone(s) _____

IN CONSIDERATION for the right to participate in the City of Villa Grove's Summer Dayz activities, I hereby agree to the following: I understand any recreation activity, including the one for which I am registering my child(ren), involves certain risks to their personal safety and property or the safety and property of others. I agree to assume any and all risks associated with their participation in this activity, including unknown exposure to viruses such as COVID-19. I further understand that participation in recreation activities requires certain skills and capabilities. I agree it is solely my responsibility to ensure that my child(ren)'s health is adequate, and their capabilities are sufficient to participate in these activities. I hereby waive any claim I might have against the City of Villa Grove and its officers, employees, agents, servants, insurers, and all representatives and sponsors arising out of their participation in this activity. Furthermore, I hereby agree to release and hold harmless the City of Villa Grove and all other sponsors from any claim brought by a third party due to my child(ren)'s participation in these activities. I give permission for my child(ren) to attend field trips by bus and/or walking. I understand they may be photographed and give permission for such to publicize activities for the Summer Dayz Program. In the event of an emergency, I give consent for my child(ren) to be taken to and treated at the nearest medical facility, understanding every effort will be made to contact the emergency contact person set forth above. In such event, I shall be solely responsible for all medical expenses associated with medical care.

Parent/Guardian Signature _____

Date: _____