



Sturtevant Park & Recreational Program 2024  
Presented by: The Village of Sturtevant

Sturtevant Park & Rec Registration Form- **one child per form**

Child's First and Last Name \_\_\_\_\_

Select One \_\_\_ Boy \_\_\_ Girl      Age as of 6/1/2024 \_\_\_\_\_

Age Verified By \_\_\_\_\_ (Staff use-document and initials)

Date \$150 Payment Received \_\_\_\_\_

Payment made by Cash \_\_\_ Check # \_\_\_\_\_

Address \_\_\_\_\_

Parent Name(s) \_\_\_\_\_

Contact Phone numbers \_\_\_\_\_

Emails \_\_\_\_\_

Additional Comments/Health Information/Allergies

\_\_\_\_\_  
\_\_\_\_\_

Parent Signature

\_\_\_\_\_ Date \_\_\_\_\_

## Liability and Wavier Form

IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN THIS VILLAGE ACTIVITY THE UNDERSIGNED AGREES TO THE FOLLOWING:

THE PARENT/GUARDIAN ASSUMES FULL RESPONSIBILITY of the participant's arriving to and from any playground site and, further acknowledges, that the parent/guardian will be available, at all times, to the participant, if the participant wishes to leave the program at any time.

THE PARENT/GUARDIAN ACKNOWLEDGES that a parent, guardian or responsible adult will be available when the participant leaves the program and further acknowledges, that the parent/guardian accepts full responsibility of the participant when the participant walks unaccompanied from the playground to home, daycare or other destination agreed upon by the responsible adult.

SINCE THERE ARE INHERENT RISKS ASSOCIATED WITH EVERY ACTIVITY, I, the parent/guardian, of the participant, hereby state that I have considered risks and hereby give my permission for the participant to attend and participate in the mentioned activities, as well as any associated activities.

THE PARENT/GUARDIAN SHALL INDEMNIFY AND HOLD HARMLESS the Village of Sturtevant from all damages, costs, claims, demands, actions, suits or other proceedings by whomsoever claimed, made, brought or prosecuted in any manner and whether in respect of property owned by others or in respect of damage sustained by others based upon or arising out of or in connection with the performance of this Agreement or anything done or purported to be done in any manner hereunder, but only to the extent that such damages, costs, claims, demands, actions, suits or other proceedings are attributable to and caused by the Participant's and/or the Parent/Guardian's negligence, errors or omissions.

UNDER NO CIRCUMSTANCE SHALL THE PARTICIPANT AND/OR THE PARENT/GUARDIAN BE OBLIGATED TO INDEMNIFY the Village of Sturtevant in any manner whatsoever in respect of any damages, costs, claims, demands, actions, suits or other proceedings caused by the negligence of the Village of Sturtevant, or any person for whom the Village of Sturtevant is responsible.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

EMERGENCY CONTACT-other than Parent or Guardian listed on Registration Form

Name, Address and Phone Numbers:

\_\_\_\_\_



The Village of Sturtevant welcomes you to the BEST seven weeks of summer:  
Sturtevant Park and Recreation Program (SPRP)

**SPRP Start week: Monday, June 17th-Thursday, June 20th**

**SPRP End week: Monday, August 5th-Thursday, August 8th**

**No program will be held the week of July 1st-July 4th.**

**Day and Time: Monday through Thursday, 9:00 am-Noon each day.**

**For children ages 5-11 years old**

**The SPRP will be held only at South Park, 95th Street between Hulda & Mt Pleasant St., due to the North Park remodel.**

### **Program Basics:**

Each week will have a different theme and each day will have three components:

\*Sports/Physical Activity

\*Arts and Crafts

\*Organized Games

Each component will last approximately 45 minutes with clean up, rest, and breaks in between.

A light snack and bottled water will be provided each day.

During this seven-week program, your child will....

- ☆ Learn to play on their own and with others while displaying good sportsmanship.
- ☆ Experience a variety of arts and crafts giving them the opportunity for creativity, sharing & expression.
- ☆ Treat others with positive interaction and respect
- ☆ Have an AWESOME summer.

Your child's enjoyment of this experience and the safety of your child are the program's top priorities.

If a situation arises in which the behavior of a child threatens the safety or enjoyment of any other child or the group, appropriate steps will be used to remedy the situation.

If the unfortunate behavior continues, a parent will be called with a request that the child be picked up early that day. We understand that anyone can have a bad day but with that understanding, the program will adhere to a "three strikes, you're out" policy.

If a child's behavior causes disruption up to three times, the child will be removed from the program.

Please understand that we absolutely do not anticipate any problems!

**Medical Emergency Authorization**

This form only authorizes the *Village of Sturtevant Park and Recreational Program* to secure emergency transportation for a child. This form does not authorize or guarantee treatment upon arrival at the designated source of emergency medical or dental facility as each emergency facility sets their own treatment procedures.

**CHILD'S MEDICAL INFORMATION**

Child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

List any allergies: \_\_\_\_\_

\_\_\_\_\_

List special precautions or treatment for these allergies:

\_\_\_\_\_

List any medications currently being administered: \_\_\_\_\_

**PARENTS INFORMATION:**

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Phone Number: \_\_\_\_\_

Father's Phone Number: \_\_\_\_\_

Mother's Employer Name: \_\_\_\_\_

Father's Employer Name: \_\_\_\_\_

**DOCTOR CONTACTS:**

Physicians or Clinic: \_\_\_\_\_ Dentist or Clinic \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Permission to transport child:** I **GIVE** the *Village of Sturtevant Park and Recreational Program* permission to have the above listed child transported for emergency medical/dental care to the doctor or clinic listed on this form or the nearest available source of assistance.

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Refusal to grant permission:** I **DO NOT** give *Village of Sturtevant Park and Recreational Program* permission to transport the above listed child for emergency medical / dental care. In the event of an illness or injury which requires emergency medical or dental treatment, I wish the following action to be taken.

\_\_\_\_\_

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_