



# Prospect Heights Police Department

## Youth Summer Outreach Program Registration

### 2017

#### Participants Information 1

Last Name	First Name	Middle Initial	Date of Birth	Sex
_____	_____	_____	_____	Male Female
Address _____		Home Phone Number ( ) _____ - _____		
_____		Cell Phone Number ( ) _____ - _____		
School _____	Grade _____			

#### Participant 2

Last Name	First Name	Middle Initial	Date of Birth	Sex
_____	_____	_____	_____	Male Female
Address _____		Home Phone Number ( ) _____ - _____		
_____		Cell Phone Number ( ) _____ - _____		
School _____	Grade _____			

#### Participant 3

Last Name	First Name	Middle Initial	Date of Birth	Sex
_____	_____	_____	_____	Male Female
Address _____		Home Phone Number ( ) _____ - _____		
_____		Cell Phone Number ( ) _____ - _____		
School _____	Grade _____			



# Prospect Heights Police Department

## Youth Summer Outreach Program Registration

### 2017

#### Participant 4

Last Name	First Name	Middle Initial	Date of Birth	Sex
_____	_____	_____	_____	Male Female
Address _____		Home Phone Number ( ) _____ - _____		
_____		Cell Phone Number ( ) _____ - _____		
School _____	Grade _____			

#### Parent/Legal Guardian #1

Last Name	First Name	Middle Initial	Date of Birth	Sex
_____	_____	_____	_____	Male Female
Address _____		Home Phone Number ( ) _____ - _____		
_____		Cell Phone Number ( ) _____ - _____		
Place of Employment _____	Occupation _____			
Work Address _____	Work Phone Number ( ) _____ - _____			
_____	_____			

#### Parent/Legal Guardian #2

Last Name	First Name	Middle Initial	Date of Birth	Sex
_____	_____	_____	_____	Male Female
Address _____		Home Phone Number ( ) _____ - _____		
_____		Cell Phone Number ( ) _____ - _____		
Place of Employment _____	Occupation _____			
Work Address _____	Work Phone Number ( ) _____ - _____			
_____	_____			

## Emergency Contacts-Other than parent/legal guardian

1.	Last Name	First Name	Middle Initial	Sex	Relationship to Family
	_____	_____	_____	Male Female	_____
	Home Phone	Cell Phone	Work Phone	Home Address	_____
	( ) ____-____	( ) ____--____	( ) ____-____		_____
2.	Last Name	First Name	Middle Initial	Sex	Relationship to Family
	_____	_____	_____	Male Female	_____
	Home Phone	Cell Phone	Work Phone	Home Address	_____
	( ) ____-____	( ) ____--____	( ) ____-____		_____
3.	Last Name	First Name	Middle Initial	Sex	Relationship to Family
	_____	_____	_____	Male Female	_____
	Home Phone	Cell Phone	Work Phone	Home Address	_____
	( ) ____-____	( ) ____--____	( ) ____-____		_____

**Do the adults listed above have permission to drop off/pick up your child?      Yes      No**

## Participant Health Information

Does your child have any known asthma or allergies or other medical conditions?

Yes    No    If Yes Please State Below

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

Does your child take medication regularly that needs to be with them at all times? (I.e. Epi-Pen, asthma inhaler)

Yes    No    If Yes Please State: \_\_\_\_\_

\_\_\_\_\_

Primary Care Physician Name \_\_\_\_\_ Phone Number ( ) \_\_\_\_-\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

# Additional Participants Health Information

## Participant 2

Does your child have any known asthma or allergies or other medical conditions?

Yes No If Yes Please State Below

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Does your child take medication regularly that needs to be with them at all times? (I.e. Epi-Pen, asthma inhaler)

Yes No If Yes Please State: \_\_\_\_\_

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Primary Care Physician Name \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

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## Participant 3

Does your child have any known asthma or allergies or other medical conditions?

Yes No If Yes Please State Below

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Does your child take medication regularly that needs to be with them at all times? (I.e. Epi-Pen, asthma inhaler)

Yes No If Yes Please State: \_\_\_\_\_

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Primary Care Physician Name \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

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# Additional Participants Health Information

## Participant 3

Does your child have any known asthma or allergies or other medical conditions?

Yes No If Yes Please State Below

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Does your child take medication regularly that needs to be with them at all times? (I.e. Epi-Pen, asthma inhaler)

Yes No If Yes Please State: \_\_\_\_\_

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Primary Care Physician Name \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

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## Participant 4

Does your child have any known asthma or allergies or other medical conditions?

Yes No If Yes Please State Below

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Does your child take medication regularly that needs to be with them at all times? (I.e. Epi-Pen, asthma inhaler)

Yes No If Yes Please State: \_\_\_\_\_

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Primary Care Physician Name \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

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## Liability Waiver

You are solely responsible for determining if your minor child/ward or you are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity. Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which your minor child/ward or you might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services, when provided.)

Waiver & Release of All Claims and Assumption of Risk I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waiver and relinquish all claims my minor child/ward or I may have (or accrue to my child/ward or me) as a result of participating in this program/activity against the , including its officials, agents, volunteers and employees. I do hereby fully release and forever discharge the Prospect Heights Police Department from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to my minor child/ward or me and arising out of, connected with, or in any way associated with this program/activity.

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Child's Name

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Parent's Name (Printed)

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Parent's Signature

## PHOTO RELEASE

I hereby authorize and give my consent to the Prospect Heights Police Department to photograph/video my child (or me), and without limitation, to use such photographs/video in connection with promoting/advertising the services, programs, and facilities of the Police Department without consideration of any kind, including, but not limited to, the City of Prospect Heights website and Police Department sponsored social media site(s).

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Adult or Parent's Signature (18 years or older or Parent/Guardian)

Date \_\_\_\_\_

# DROP OFF AND PICK UP INFORMATION

New Drop Off and Pick Up location will be at Willow Trails Park, 1 Apple Dr, Prospect Heights. (The area of Apple Dr and Piper Ln) Parents/Legal Guardians may choose to let your child walk to the park for drop and/or pick up with parent/legal guardian permission. Participants will need to check in upon arrival with their Team Leader. Team Leaders will be assigned on the first field trip. Participants must arrive 10 minutes prior to field trip departure.

I give my son/daughter permission to walk to and from Willow Trails Park for field tips with the Prospect Heights Police Department Youth Summer Outreach Program.

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Parent/Legal Guardian Signature

Date

Willow Trails Park  
River Trails Park District  
1 Apple Dr  
Prospect Heights, IL 60070



The Prospect Heights Police Department provides Youth Outreach Program t-shirts for each participant to wear on each field trip. Please mark participants t-shirt size.

Participant 1 Name \_\_\_\_\_

Shirt Size      Extra Small      Small      Medium      Large      Extra Large

Participant 2 Name \_\_\_\_\_

Shirt Size      Extra Small      Small      Medium      Large      Extra Large

Participant 3 Name \_\_\_\_\_

Shirt Size      Extra Small      Small      Medium      Large      Extra Large

Participants 4 Name \_\_\_\_\_

Shirt Size      Extra Small      Small      Medium      Large      Extra Large