

**Winter Break Camp Registration**  
Mason City Recreation Dept.  
(641) 421-3673

**\*Must be returned to Recreation Department (326 4<sup>th</sup> St NE – Suite #1) before the first day of attending.**

Participant's Name(s) \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Birthday \_\_\_\_\_

Cell Phone: (Mom) \_\_\_\_\_ (Dad) \_\_\_\_\_

Parent Email Address (used for billing): \_\_\_\_\_

**Contact Information**

Father/Guardian's Name \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Hours normally work \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Hours normally work \_\_\_\_\_

***In the event we are unable to contact a parent/guardian please provide at least one other person to contact in the event of an emergency:***

1<sup>st</sup> Emergency Contact \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

The following people are authorized to pick-up my child (other than previously mentioned):

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____

The following people are **NOT** allowed to pick up my child:

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Is there any special information about your child's moods, habits, or experience that would be helpful to us?

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### **Parental Permission**

I certify that \_\_\_\_\_, age \_\_\_\_\_ has/have my permission to take part in the Mason City Recreation Department's Winter Break Camp. I hereby accept full responsibility for his/her behavior and for his/her participation in the program. I hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may incur against the City of Mason City and/or the Mason City Recreation Department, its committees, agents and representatives for any and all injuries suffered by my child at the Winter Break Camp activities and/or during any special events.

By their very nature children playing, body contact, substantial physical exertion, emotional stress, and/or use of equipment represents a certain risk to users. Participants assume responsibility for any risk, implicit or direct, by participation in said activities. You are further advised that the City of Mason City does not provide medical insurance covering injuries to participants.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Photography/Videotaping Release**

I/We do \_\_\_\_\_, do not \_\_\_\_\_, give consent that the Mason City Recreation Department's Winter Break Camp may take photographs/video of our child \_\_\_\_\_, and I/We consent that the program may use the photographs/videotapes of our child in promoting the purpose of the Center. We understand that no financial benefits from the use of the photographs/videotapes are obligated to be paid to us.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**School-Age Travel to and From School Notification**

I/We understand that my child may be transported by school bus and/or with only one adult in a center-owned vehicle for the sole purpose of transporting children to and from school. My child will be transported to and from (name of school) \_\_\_\_\_ This includes days in which there are early release/late starts at the school. I affirm that my child's participation in the transportation program is entirely my choice, with the understanding of risk or accidental injuries that may be involved in any transportation program of the Center.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Statement of Health Update

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

is free of any condition, communicable disease or disability which would indicate that he/she should not participate in a group child care program.

Allergies, restrictive conditions, regular prescription medication or other precautions and recommendations are listed below:

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Date of last physical examination: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_