



Supervised Playground Program
Canton Activity Crew

Recreation Division
46000 Summit Parkway, Canton, MI 48188
734/394-5430 www.cantonfun.org

1st Participant Name: _____ **Date of Birth:** _____ **Age of Child:** _____

Health Conditions, Allergies, Physical Restrictions, Behavior Plan, Medications: _____

2nd Participant Name: _____ **Date of Birth:** _____ **Age of Child:** _____

Health Conditions, Allergies, Physical Restrictions, Behavior Plan, Medications: _____

3rd Participant Name: _____ **Date of Birth:** _____ **Age of Child:** _____

Health Conditions, Allergies, Physical Restrictions, Behavior Plan, Medications: _____

Parent(s)/Guardian(s) Name(s): _____

Phone Number(s) that would like to receive program text messages and updates: _____

Cell Phone Service Provider: _____

Street Address: _____ **City/State/Zip:** _____

Email Address: _____ **Phone:** _____

Emergency Contact Name _____ **Emergency Contact #:** _____

Emergency Contact Name: _____ **Emergency Contact #** _____

Emergency Contact Name: _____ **Emergency Contact #** _____

Signing In & Out:

I understand that my child needs to be dropped off and picked up by an adult listed on this emergency contact form. I understand that my child is unable to walk home alone unless special arrangements have been made with a CAC Coordinator by calling 734/394-5430.

Permission to Record and Photograph Child Participating in Activities:

I hereby release to Canton Township rights to my child's image, likeness, and the sound of his/her voice as recorded or photographed. I understand this recording or photograph may be edited and placed in publications, and thereafter the recording or photograph may be otherwise available. I agree to release, discharge, and save harmless Canton Township, including its representatives or designees, from any legal proceedings which may arise in relation to the conditions of the above paragraph.

Permission to Administer Questionnaires to Participants:

I hereby give Canton Township my permission to administer questionnaires to my child for the purposes of improving future programs. I understand that the information collected from my child will remain anonymous and that my child's identity will not be revealed in relationship to the survey.

Waiver of Liability & Permission for Medical Consent:

In consideration of Canton Township permitting my child to participate in and providing transportation to and from said events, I hereby for myself, my child, my heirs, administration and assigns, waive & release any and all rights and claims for damages I may have against Canton Township, its personnel and any other organizations connected with this event, their successors, and assigns for any and all injuries which my child may suffer while taking part in any activities connected with this event. In case of injury, and I am unable to be contacted by your staff, I give my consent to have medical treatment administered to my child if deemed necessary by a physician.

Parent/Guardian Signature

Date

By checking "yes," I certify that the information contained in the application is accurate. I Agree: Yes No

I understand that checking this box constitutes a legal signature confirming that I acknowledge that I am the signer, and

further that I agree to the above Terms of Acceptance: Yes No