

DISCOVER ZONE Summer Program June 9 – July 29

Participant Information

Child's Last Name	Child's First Name	Gender	Age	Date of Birth
Child's Address	City	State	Zip	Home Phone
Child's School in 2021-22	Grade in 2021-22	Additional Programs Child May Concurrently Attend (Sports, Theater, etc.):		

Medical Information

Is your child under a physician's care/treatment or taking medications on a regular basis? YES NO Please list medication(s) and what they are for: _____
Please list any side effects: _____
Does your child have an identified medical, personal, or special care needs (developmental, physical, emotional, or learning)? YES NO
If yes, please list: _____

Parent/Guardian Information

Primary Guardian's Name	Home Phone	Work Phone	Cell Phone
Home Address	City	State	Zip
Secondary Guardian's Name	Home Phone	Work Phone	Cell Phone
Home Address (if different)	City	State	Zip
Person or Agency w/Legal Custody of Child if Different from Above	Home Phone	Work Phone	Cell Phone
Home Address	City	State	Zip

Emergency Information (please list 3 adults other than parent/guardian)

Name	Relationship	Work Phone	Home Phone	Cell Phone
Home Address		City	State	Zip
Name	Relationship	Work Phone	Home Phone	Cell Phone
Home Address		City	State	Zip
Name	Relationship	Work Phone	Home Phone	Cell Phone
Home Address		City	State	Zip

Emergency Medical Release (please initial where applicable)

___ In the event of injury or serious illness, I give permission for Discover Zone staff to obtain medical treatment for my child, I understand that if my child needs to be transported to an emergency facility, that decision will be made by the emergency team responding to the call.

___ In the event of injury or serious illness, I DO NOT give permission for Discover Zone staff to obtain medical treatment for my child. Instead, I instruct Discover Zone staff to: _____.

Photographic Release (please initial where applicable)

___ I give permission to Discover Zone staff to use photographs and videos of my child for publicity in order to increase community awareness of Discover Zone programs and in any and all publications and other media without limitations.

___ I DO NOT give permission to Discover Zone staff to use photographs and videos of my child for publicity in order to increase community awareness of Discover Zone programs and in any and all publication and other media without limitations.

Liability Release (please initial)

___ By initialing here, I absolve Discover Zone of any responsibility for any accident or injury to my child or caused by my child to others where neglect is not involved. Furthermore, I understand that Discover Zone can only be responsible for my child during days and times that he/she has been checked in and that Discover Zone will not be responsible for my child when he/she has been dismissed from any Discover Zone activity.

Please initial each statement indicating you have read and understand the following statement:

___ Discover Zone will open at 12pm.; **Students are not to be on school grounds or in the school prior to 12pm – NO EXCEPTIONS.**

___ Discover Zone is closed on Fridays.

___ Movies viewed at Discover Zone will be limited to G and PG ratings.

___ To ensure the health and safety of staff & children, if a child becomes ill during the program, the parent/emergency contacts will be notified to come and pick up the child from the program (within 30 min.)

___ Zero Tolerance Policy: Discover Zone does not permit the use of tobacco products, alcohol, or drugs.

___ The use or threat of use of weapons is prohibited. Theft, violent behavior, or destruction of property will result in immediate dismissal from the program. Parents will be expected to provide immediate transportation from the program in the event of dismissal.

My signature confirms that the above information is accurate; that the guidelines and procedures of the program(s) my child is registered for will be adhered to; and I understand it is my responsibility to keep the above information current.

Signature of Parent/Guardian: _____

Date: _____



Please fill out **ALL** paperwork and return to Discover Zone at Lewis & Clark Middle School.