



950 S. Fort Thomas Avenue
Fort Thomas, Kentucky 41075
859-781-1700

SUMMER PLAYGROUND PROGRAM Registration Form

Please print clearly. This form must be on file in order for the child to participate in the program. Please submit the completed form to: Ft. Thomas Recreation, 950 S. Ft. Thomas Ave., Ft. Thomas, KY 41075.

Child's First Name: _____ Last Name: _____

Child's Age: _____ Male__ or Female __ School: _____ Grade: _____

Home Phone: _____ Child's Date of Birth: _____

Full Address: _____

Email: _____ May we contact you via email? Yes__ No__

Mother's Name: _____ Father's Name: _____

Mother's Work # : _____ Father's Work #: _____

Other Number: _____ Other Number: _____

Emergency Contact: _____ Relationship: _____

Phone Number: _____ Other Number: _____

Child's Allergies: _____

Special Instructions: _____

WAIVER OF LIABILITY

As a participant in the Ft. Thomas Recreation Department Summer Playground Program, I recognize and acknowledge that there are certain risks of injury and I waive and relinquish all claims I or my children may have as a result of participation in this program against the City of Fort Thomas, Fort Thomas Recreation Department, and its officials (either elected or appointed), commissioners, officers, agents, employees and volunteers.

I understand that participation in this program is completely voluntary, and that my child will be permitted to attend or leave the program whenever they choose. Students will be required to sign in; however, regular attendance will not be taken. The Ft. Thomas Recreation Department is not responsible or liable for my child's attendance and participation in this program.

I further understand that snacks may be served as part of this program, and I give my child permission to consume these snacks. It is my responsibility, and the responsibility of my child, to be aware of any allergies that my child has and to monitor what snacks are eaten. I further release the program from any liability associated with any situations involving food allergies and my child.

I further understand that the Recreation Department and its staff is not available between sessions. All children are on their own for that period.

I understand that the Ft. Thomas Recreation Department and its staff will not be responsible for the administration of any medication for my child.

I, the undersigned, understand and acknowledge that participation in a recreational activity can be hazardous and I realize that no one should enter into a recreation activity unless the participant is medically able. I/We assume all risk associated with this activity including, but not limited to: falls, contact with other participants or equipment, effects of weather, equipment failure, and condition of playing area. I fully understand that it is my responsibility to ascertain if this specific activity contains other elements of risk that could prove to be harmful to a participant.

Having read this waiver and in consideration of acceptance of entry into the program, I and anyone entitled to act on my behalf waive and release the City of Fort Thomas, Ft. Thomas Recreation Department, its co-sponsors, their representatives and successors from all and against any and all claims, suits, or cause of actions, including reasonable attorney's fees, sustained or caused by myself or my child arising out of, in connection with, or in any way associated with the activities of this program.

Signature _____ Date _____
Legal Parent/Guardian

Printed Name _____

PHOTO RELEASE

I give my permission to the Ft. Thomas Recreation Department to take my child's picture to use on any and all future advertising for the Department's programs. I also hereby consent to the use of my child's photograph or cinematic image without compensation.

Signature _____ Date _____
Legal Parent/Guardian

Printed Name _____