



Town of Wadena Playground Program 2022

Child(s) Name(s): _____ Age(s): _____

Child(s) Birthdate(s): _____

Parent/Guardian: _____

Email Address: _____

Phone Number(s): _____ / _____ / _____
Cell Work Home

Allergies/Medical History: _____

PARENT/GUARDIAN CONSENT:

Your child will be involved in several activities as part of this program. While all programs are supervised by staff who instruct participants in safety, your child may still get injured or your child's property may be damaged because of participating in the program. Knowing and understanding the program, activities, and risks, you freely agree to allow the participation of your child in the program.

Initials

PHOTO CONSENT:

Your child may have pictures taken of them for the use of marketing and promotion of the Playground Program in the future. Please initial the box to indicate that you are allowing for pictures to be take of your child for marketing and promotional purposes.

Initials

MEDICAL RELEASE:

In the event my child(ren) _____ are injured, ill or in need of medical attention, I authority the Town of Wadena staff or agents to seek medical attention and/or admit my child to hospital if I am unable to be contacted or am otherwise unable to respond. Health Card # _____

Initials

My child is permitted to leave unaccompanied at the end of the program each day. Yes No

PICK UP AUTHORIZATION:

The following individuals are authorized to pick up my child. My child will only be released to the individuals listed below:

Parent/Guardian Signature

Date



**Town of Wadena
Playground Program
2022**

Child(s) Name(s): _____ Age(s): _____

Child(s) Birthdate(s): _____

Parent/Guardian: _____

Email Address: _____

Phone Number(s): _____ / _____ / _____
Cell Work Home

Circle the days of the week you child(ren) will be joining us for Summer Camp:

Monday	Tuesday	Wednesday	Thursday
4	5	6	7

Monday	Tuesday	Wednesday	Thursday
11	12	13	14