



Park Programs 2019 Registration Form

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ zip: _____

Phone: _____ Age: _____ Birth Date: ____/____/____ M/F

Please list any health concerns or allergies: _____

Emergency Contact Name: _____ Phone: _____

Please list program your child is attending: _____

Amount Enclosed: \$ _____

Consent for Medical Treatment

As the parent or legal guardian of the above named child, I hereby give my consent for emergency medical care by a licensed EMT or prescribed by a duly licensed doctor of medicine or dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent.

Liability Waiver

I hereby agree that the Rising Sun-Ohio County Park Board, the City of Rising Sun, Ohio County, Indiana and any of their officers, directors, agents, employees and representatives shall not be liable for any injury or loss to my child or children while participating in activities of any kind whether sponsored by or under the supervision of the Rising Sun-Ohio County Park Board . I agree to indemnify and to hold harmless Rising Sun-Ohio County Park Board, the City of Rising Sun, Ohio County, Indiana and any of their officers, directors, agents, employees, representatives and designates of any kind from any claim whatsoever. I give my permission to the Rising Sun-Ohio County Senior Citizen Center, City of Rising Sun, Ohio County, Rising Sun-Ohio County Park Board, and any of their officers, directors, agents, employees and representatives; to use photographs, film footage, audio or video tape recordings which may include image or voice for purposes of promoting or interpreting the Rising Sun-Ohio County Senior Citizen Center, City of Rising Sun, Ohio County, Rising Sun-Ohio County Park Board, programs, activities or services to the general public.

Parent/Legal Guardian Signature: _____ Date: ____/____/____

Parent/Legal Guardian (Please Print): _____

Make check payable to: **Rising Sun-Ohio County Park Board**

Mail to: **Rising Sun-Ohio County Parks & Recreation Dept. P.O. Box 33 Rising Sun, IN 47040**

Contact person: **Jamie Bell, Park Director, 812-438-2700**