



Monee Township

26121 Egyptian Trail · Monee, IL 60449 · Phone: 708-534-6020



YOUTH PROGRAM

(PLEASE PRINT)

NAME: _____ DATE: _____

ADDRESS: _____

CITY/STATE/ ZIP: _____ MALE: _____ FEMALE: _____

TELEPHONE # _____

EMERGENCY CONTACT: _____ EMERGENCY CONTACT PHONE _____

DRIVER'S LICENSE (ID)#: _____

EMAIL: _____

ADULT HOUSEHOLD MEMBERSHIP(S) (MUST SHOW PROOF OF RESIDENCY)

NAME: _____ DL/ID #: _____

NAME: _____ DL/ID #: _____

NAME: _____ DL/ID#: _____

NAME: _____ DL/ID# _____

FAMILY TIME CHILD PARTICIPANT(S)

NAME: _____ GRADE/SCHOOL: _____ ALLERGIES _____ Special Circumstances _____

NAME: _____ GRADE/SCHOOL: _____ ALLERGIES _____ Special Circumstances _____

NAME: _____ GRADE/SCHOOL: _____ ALLERGIES _____ Special Circumstances _____

NAME: _____ GRADE/SCHOOL: _____ ALLERGIES _____ Special Circumstances _____

NAME: _____ GRADE/SCHOOL: _____ ALLERGIES _____ Special Circumstances _____

NAME: _____ GRADE/SCHOOL: _____ ALLERGIES _____ Special Circumstances _____

I hereby state that I am the legal guardian of the above listed minor(s). In the event of an emergency, I will authorize Monee Township officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for the minor's immediate care. I agree that I will be responsible for payment of any and all medical services rendered.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

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Monee Township Youth Program Code of Conduct

Participant's Name _____

- Parent or designated Guardian must accompany students in Grades K to 6th.
- All participants are expected to show respect for the property of others and the facility in which the event is being held.
- Participants are expected to behave in a polite, responsible manner that respects the rights and feelings of others.
- The possession and/or use of weapons, tobacco products, alcoholic beverages and illegal drugs, or remaining in the presence of individuals who are using or taking these items are prohibited.
- Any behavior that violates any of the laws of the United States or the State of Illinois or any local ordinance is also prohibited.
- Sexual behavior during the time frame of any event or activity is prohibited.
- Appropriate clothing must be worn at all times.
- No fighting, physical abuse, or verbal abuse will be permitted.
- Any damage to property is the responsibility of the participant.
- Report any accident, problems or illness *immediately* to a Staff Member.
- Parents will be responsible for transporting the participant to the predetermined meeting location at preset times.
- Participants will respect and respond to any Staff member's directions, whether or not he/she is from Monee Township. Staff members can use their judgment to determine if participant behavior is appropriate or not and take action accordingly.
- The youth, NOT the Staff Member, is responsible for valuables.
- Participant will be required to check in with a Staff member at times stated.
- Everyone is expected to adhere to the scheduled event.
- In an emergency situation, the final decision will be at the discretion of the Staff Member.
- Willing to participant in any of the activities during the time you are present

NOW THEREFORE, I _____, agree to abide by this Code of Conduct and am aware that any infraction of the Code may result in my parent/guardian(s) being notified to come pick me up and take me home. Further consequences will be at the discretion of the Youth Committee after the completion of the event. Please remember that you are representing Monee Township at all times!

Parent Signature _____ **Date:** _____

Parent Name (please print) _____ **Contact#** _____

Township Representative _____ **Date:** _____

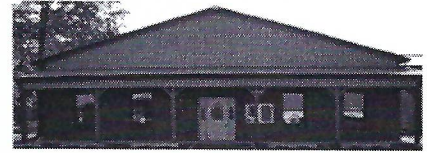
This form, along with a medical release/acknowledgement of risk form signed by both youth and parent, will be kept on record at Monee Township office for 1 year. A new form must be completed each year for youth to participate in that year's events. A copy of this form, along with a code of conduct form signed by both youth and parent, will be with the youth's chaperone at all times.

Keep on file



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WAIVER – IMPORTANT – PLEASE READ

MONEE TOWNSHIP/ CRETE MONEE SCHOOL DISTRICT 201-U is committed to conducting its recreation programs and academic activities in the safest manner possible, holding the safety of participants in the highest possible regard. Participants must recognize, however, that there is an inherent risk of injury when choosing to participate in such activities, especially those that take place outside of the school environment. **MONEE TOWNSHIP/CRETE MONEE SCHOOL DISTRICT 201-U** continually strives to reduce such risks and insists that all participants follow safety rules and instructions that have been designated to protect the participant's safety.

Please recognize that **MONEE TOWNSHIP/CRETE MONEE SCHOOL DISTRICT 201-U** does not carry medical accident insurance for injuries sustained in its programs. This would make program fees prohibitive. Therefore, each person registering for a program or activity should review his/her own health insurance for coverage. It must be noted that the absence of health insurance coverage does not make **MONEE TOWNSHIP/CRETE MONEE SCHOOL DISTRICT 201-U** automatically responsible for payment of medical expenses.

WAIVER AND RELEASE OF ALL CLAIMS

As a student/member participant in the **MONEE TOWNSHIP/ CRETE MONEE SCHOOL DISTRICT 201-U** Recreational Center program, I recognize and acknowledge that there is a certain risk of physical injury. I agree to assume the full risk of any injury, death, damage or loss that I may have or which may accrue to me as a result of participation in the program. I further agree to I indemnify and hold harmless and defend **MONEE TOWNSHIP/ CRETE MONEE SCHOOL DISTRICT 201-U** and its officers, agents, servants, and employees from any and all claims resulting from injuries, death, damages or loss sustained by me arising our of, connected with or in any way associate with the activities of the program. **IN THE EVENT OF AN EMERGENCY**, I authorize **MONEE TOWNSHIP/ CRETE MONEE SCHOOL DISTRICT 201-U** officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my immediate care. I also agree that I will be responsible for payment of any and all medical services rendered.

I HAVE READ, FULLY UNDERSTAND AND AGREE TO ABIDE BY THE ABOVE PROGRAM DETAILS, WAIVER AND RELEASE OF ALL CLAIMS AND PERMISSION TO SERCURE TREATMENT.

Signature of Participant(s)

Primary Member: _____ Date: _____

Household Member (1): _____ Date: _____

Household Member (2): _____ Date: _____