



## Program Application Form

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Student Name

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Address

City & State

Zip Code

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M

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Date of Birth

Current Grade

Gender

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School

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Mother/Guardian Name

Daytime Phone

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Father/Guardian Name

Daytime Phone

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Parent E-mail Address

Parent E-mail Address

Please mark your child's T-shirt size so that we may order the right size:

Adult Size:

Small

Medium

Large

X-Large

**Please check your preferred summer bus stop at middle schools from eligible Lake County school districts\*:**

Beach Park Middle School, Beach Park

Robert Abbott Middle School, Waukegan

Daniel Webster Middle School, Waukegan Gavin South

Round lake Middle School, Round Lake Heights

Junior High School, Ingleside

Stanton School, Fox Lake

Jack Benny Middle School, Waukegan

Thomas Jefferson Middle School, Waukegan West

John T. Magee Middle School, Round Lake Miguel

Oak Middle School, Diamond Lake, Mundelein Zion

Juarez Middle School, Waukegan

Central Middle School, Zion

Neal Math & Science Academy, North Chicago

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Schools are not responsible for supervision or coordination at the bus stops.

\*If you live outside of these districts you may still apply to the program but must provide your own transportation each day to and from one of the above bus stops or to and from the Greenbelt Cultural Center, 1215 Green Bay Road, North Chicago, IL 60064. Bus stops will not be supervised. The bus schedule will be determined prior to the program start date and handed out at the Parent Orientation.





## Student Agreement Form

I understand that I am applying for the Science Explorers in Nature program offered at the Greenbelt Cultural Center in North Chicago. If I am chosen to participate in this program **I agree to attend every day of all four weeks of the program and participate in all program activities.** I am committed to contributing to the four-week program and will work with my fellow students in a cooperative manner to make sure it is a positive experience for all. I will follow all the rules and regulations of the Lake County Forest Preserves, as indicated to me by their staff.

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Print Your Name (student)

Date

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Signature (student)

### Parent/Guardian Agreement:

I give my child permission to apply for, and if chosen, to accept, a place in the Science Explorers in Nature program at the Greenbelt Cultural Center. I understand that my child is expected to attend the program every day for the entire four weeks. I understand that the bus will pick my child up at no cost on Monday through Friday, June 17 - July 12, 2019 (no class July 4) at the school selected if we live in Zion, Beach Park, North Chicago, Waukegan, Round Lake area, Diamond Lake/Mundelein, Fox Lake, or Ingleside. We will let you know the bus arrival times at the Parent Orientation.

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Print Name (parent/guardian)

Date

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Signature (parent/guardian)





## Science Explorers in Nature Emergency Contact, Health, Waiver and Release Form

Please complete and return forms via email or mail to address below.

Forms must be received by **Friday, April 26, 2019**

Email to: [avaos@lcfpd.org](mailto:avaos@lcfpd.org)

Mail to: SEN Forms  
LAKE COUNTY FOREST PRESERVES  
1899 West Winchester Road  
Libertyville, IL 60048

NAME OF PARTICIPANT

DATE OF BIRTH

Address

City

State

ZIP

### Contacts for Emergencies and Student pick-up:

**Persons listed must be reachable during program hours.** List contacts in order of who to contact first.

*Staff will not release your child unless proper photo identification is shown by the person(s) listed.*

- |          |               |                        |
|----------|---------------|------------------------|
| 1. Name: | Phone Number: | Relationship to child: |
| 2. Name: | Phone Number: | Relationship to child: |
| 3. Name: | Phone Number: | Relationship to child: |

### Permission to Secure Treatment

*All lead staff are certified in First Aid, CPR, AED, EpiPen and asthma inhaler assistance. They will take whatever emergency medical measures are deemed necessary for the protection and safety of the student within their training.*

In the event of any emergency, I authorize the Lake County Forest Preserve District to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I understand that this authorization includes transporting my child by ambulance if necessary to the nearest medical treatment facility if I am unable to be reached first.

SIGNATURE OF PARENT OR GUARDIAN

DATE

PRINTED NAME

MEDICAL INFORMATION and SPECIAL CONSIDERATIONS

Check any that apply to your child. With awareness of your child’s needs, staff may be able to modify activities and techniques for inclusiveness prior to the start of the program.

No specific medical or behavioral condition

Food allergies – please specify \_\_\_\_\_

Non-food allergies –please specify \_\_\_\_\_

Any physical, emotional or behavioral conditions, including cognitive, LD, ADD, ADHD, or autism requiring medication, treatment, special restrictions or considerations while at Science Explorers in Nature – Please specify \_\_\_\_\_

- ◆ List triggers, signs or symptoms for these conditions:  
\_\_\_\_\_
- ◆ What techniques do you recommend in managing your child’s behavior:  
\_\_\_\_\_

List activities from which the student should be exempted for health reasons or require special accommodations:

\_\_\_\_\_

*Please note that it is your responsibility to supply any necessary medical equipment that relates to a specific medical condition.*

**Medications:** List below all medications, including EpiPen, asthma inhaler, over-the-counter or nonprescription drugs, taken regularly. **If your child needs to take medication or you expect staff to dispense medication to your child during program hours, you must also complete the separate Medication Dispensing Information, Waiver and Release form.**

•MEDICATION	DOSAGE	SPECIFIC TIME TAKEN	REASON FOR TAKING
•MEDICATION	DOSAGE	SPECIFIC TIME TAKEN	REASON FOR TAKING

Check box if your child is taken off a particular medication in the summer.

HEALTH INSURANCE / PHYSICIAN

Insurance Company: \_\_\_\_\_

Policy/Group Number: \_\_\_\_\_

Participant ID Number: \_\_\_\_\_

Physician’s Name : \_\_\_\_\_

Office Phone Number \_\_\_\_\_

**Past Medical Treatment:** Please list any major medical treatment within the last year:

\_\_\_\_\_

\_\_\_\_\_

# Science Explorers in Nature Waiver & Release

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NAME OF PARTICIPANT

Birthdate (Month / Day / Year)

Please read this form carefully and be aware in registering your minor child/ward for participation in the program or programs listed above you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising from that program.

## Important Information

The Lake County Forest Preserve District is committed to conducting its programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents registering their children in programs and activities must recognize, however, that there is an inherent risk of injury when choosing to participate. The Lake County Forest Preserve District strives to reduce such risks and insists that all participants follow safety rules and instructions which have been designed to protect the participant's safety.

Please recognize that the Lake County Forest Preserve District does not carry medical accident insurance for injuries sustained in its programs and activities. The cost of such medical expense would make program fees prohibitive. Therefore, each person registering themselves or a family member for a program or activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the Lake County Forest Preserve District automatically responsible for the payment of medical expenses. Your cooperation is greatly appreciated.

## Release of Liability & Permission to Secure Treatment

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any injuries, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s).

I agree to waive and relinquish all claims I or my minor child/ward may have against the Lake County Forest Preserve District and its officers, agents, volunteers and employees as a result of participation in the program.

I do hereby fully release and discharge the Lake County Forest Preserve District and its officers, agents, volunteers and employees from any and all claims from injury, damage or loss with the activities of the program(s).

I further agree to indemnify and hold harmless and defend the Lake County Forest Preserve District and its officers, agents, servants and employees from any and all claims resulting from injuries, damages, and losses sustained by me or my minor child arising out of, connected with, or in any way associated with the activities of the program(s).

In the event of any emergency, I authorize the Lake County Forest Preserve District to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

## Photography Release

I give permission for my child's picture to be used in advertisements for the Lake County Forest Preserves.

I have read and fully understand the above Release of Liability and Permission to Secure Treatment and Photography Release.

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SIGNATURE OF OR PARENT / GUARDIAN

DATE

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PRINTED NAME



LAKE COUNTY FOREST PRESERVES  
www.LCFPD.org

Preservation, Restoration, Education and Recreation

## **Science Explorers in Nature Transportation Services Waiver & Release**

Please read this form carefully and be aware that in consideration for the Lake County Forest Preserve District providing transportation services for the Science Explorers in Nature program, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of said services, including but not limited to, vehicle operations and boarding and exiting the vehicle.

I recognize and acknowledge that the Lake County Forest Preserve District is neither a common carrier nor in the business of providing transportation services to the public. I further recognize and acknowledge that there are certain risks of physical injury to vehicle passengers, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity that my minor child/ward or I may sustain as a result of participating in any and all activities connected with or associated with receiving transportation services, including, but not limited to, injuries, damages and loss arising out of negligent operation or supervision of the vehicle. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) against the Lake County Forest Preserve District, including its respective officials, agents, volunteers and employees (hereinafter collectively referred as "Parties").

I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with said transportation services.

I further agree that this agreement shall be governed by the laws of the State of Illinois.

**I have read and fully understand the above waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.**

Participant's Name: (Please Print) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date \_\_\_\_\_