

Rockford Fun Night

Permission Slip

Hosted by Rockford Leo/Lions Club

Please complete the registration form, sign the Emergency Authorization, and Waiver of Liability. The completed form must be submitted to Lion Joan Heinz dajoheinz57@charter.net

Reservations will be accepted on a first-come, first-served basis. Payment is accepted the night of the event, but please pre-register for planning purposes. ***Non-registered kids will be accepted on the night of the event only if space is available.***

Child #1 Name _____ Age _____ (\$20)

Child #2 Name _____ Age _____ (\$20)

Child #3 Name _____ Age _____ (\$20)

Child #4 Name _____ Age _____ (\$20)

Checks can be made to Rockford Leo Club

Parent Name _____ Phone: _____

Parent Name _____ Phone: _____

Emergency Contact #1 _____ Phone _____

Emergency Contact #2 _____ Phone _____

Remembering that students will primarily be grouped by age, if you would like us to attempt to group your child with others, please list.

Emergency Authorization Form

I, _____, am the parent or guardian of _____,
_____, _____,
_____, who is/are participating in the FUN NIGHT at North Rockford Middle School. In the event that I cannot be reached, I authorize the acting person in charge of FUN NIGHT to make decisions regarding the emergency treatment of my child/children, including seeking and approving medical treatment. This Emergency Authorization is valid for the date of December 8, 2017.

Date Parent/Guardian Signature

Waiver of Liability Form

In consideration of the use of North Rockford Middle School facilities, the undersigned understands that, as the parent/guardian of the participant(s), he/she is assuming full risk of injury arising from the use these facilities. Any personal belongings that my child brings with him/her to North Rockford Middle School is at his/her own risk and is not the responsibility of Rockford Public Schools. Further, these items are not covered by Rockford insurance coverage. I understand and agree that North Rockford Middle School and the FUN NIGHT personnel will provide my child or ward with instructions on any limitations to his/her participation as disclosed in the medical statement below. Neither Rockford Public Schools, nor the FUN NIGHT personnel shall be responsible for any injury or damage except that caused by sole negligence. Medical conditions for any child that may limit the activity or involvement or which FUN NIGHT personnel need to be aware are listed in the space provided. Please include the name of any child and specific information about the medical conditions for alert. Allergies, asthma, etc.

Parent/Guardian Signature Date