

Village of Hales Corners



**Child's Age**

- 5-8
- 9-13

- My 9-13 may NOT leave the program at any time
- My 9-13 may leave the program site unsupervised at anytime for the library. (1 time per day)
- My 9-13 may leave the program site unsupervised at anytime for lunch. (1 time per day)

## Hales Corners Summer Recreation Program

Emergency/Illness Information Card - One form per child

Child's Last Name	First	Middle	Sex	Age	Date of Birth (MM/DD/YY)
-------------------	-------	--------	-----	-----	--------------------------

Address	City	State	Zip	Telephone	Date Enrolled
---------	------	-------	-----	-----------	---------------

Full Name of Parent/Guardian/Foster Parent

Emergency contact number

Full Name Parent/Guardian/Foster Parent

Emergency contact number

**McDonald's Last Day**

- Yes
  - No
- \$6.00

**Payment**

- Cash
- Check # \_\_\_\_\_

Amt: \_\_\_\_\_  
Rec Dept Use Only

**T-Shirt**

- Youth Sm \_\_\_\_\_
- Youth Med \_\_\_\_\_
- Youth Lg \_\_\_\_\_
- Adult Sm \_\_\_\_\_
- Adult Med \_\_\_\_\_
- Adult Lg \_\_\_\_\_

**Qty**

**Total**

1 shirt is included with program.  
Additional shirts are \$8 each.

Please list information in the order you would like to be contacted in case of an emergency

**(OVER)**

If child becomes ill and parent/guardian/foster parent are unavailable, contact the following:

1st Choice	_____	_____	_____
	Name	Relationship	Telephone
2nd Choice	_____	_____	_____
	Name	Relationship	Telephone

The information that follows will be shared with the appropriate Hales Corners Recreation Department staff to meet the safety needs of your child.

1. Does your child have any conditions that would have a direct effect on participation in recreation activities?

yes  no If yes –please list condition and possible effect:  
\_\_\_\_\_  
\_\_\_\_\_

2. Is your child on any medications?  yes  no If yes –please list:  
\_\_\_\_\_  
\_\_\_\_\_

I give my child permission to be photographed by local newspapers or video taped in a school setting. I give my child permission to participate in field trips planned and conducted by Hales Corners Recreation Department. I give my permission for my child to go to Hales Corners Pool. I hereby authorize the Hales Corners Recreation Department Director or Designee to call Emergency Medical Services (911) in the event of an emergency.

\_\_\_\_\_  
Signature of Parent Date

Village of Hales Corners



**The following options MAY BE offered depending on volume/need.**

SUMMER SCHOOL OPTIONS (run through Whitnall School District)

- My child will attend summer school this summer.
- My child would participate in the bussing program

FIELD TRIP OPTIONS (subject to change due to volume or COVID concerns):

- |  |   |
|--|---|
| <input type="checkbox"/> Younger Bowling - June 24th \$15        | <input type="checkbox"/> Older Bowling - July 1st \$15          |
| <input type="checkbox"/> Younger Country Springs - July 7th \$25 | <input type="checkbox"/> Older Sky Zone - July 8th \$30         |
| <input type="checkbox"/> Younger Sky Zone - July 15th \$30       | <input type="checkbox"/> Older Country Springs - July 21st \$25 |

# Village of Hales Corners

5635 S. New Berlin Road  
Hales Corners, WI 53130  
Phone: (414) 529-6161  
Fax: (414) 529-6179  
www.halescorners.org



James R. Ryan Municipal Building

## Recreation Program

### WAIVER AND RELEASE OF ALL CLAIMS

As a participant in Village of Hales Corners programs, I recognize that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I may sustain as a result of participation. I agree to waive and relinquish all claims I may have as a result of participating in programs against the Village of Hales Corners Recreation Department, its officers, employees and volunteers. I agree to hold harmless the Village of Hales Corners and its officers, employees and volunteers from any and all claims.

Participant's Name: \_\_\_\_\_ Participant's Age \_\_\_\_\_

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

Printed Name of Signer: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_