



2019 SUMMER FUN PLAYGROUND ON-SITE CONTACT/PERMISSION FORM
 MAIL: 323 W MICHIGAN AVE, MARSHALL, MI 49068 OFFICE: 900 S MARSHALL
 PHONE: 781-5166 WEB: WWW.MARSHALLREC.COM

Participant _____ Grade _____ Parent(s) _____
 (Grade completed June 2019)

Permission:

I hereby give permission to the Marshall Recreation Department to secure emergency medical and surgical treatment for the above-named participant while attending the Summer Fun Playground program. I also understand that the Marshall Recreation Department, Marshall Public Schools, Program Supervisor, playground staff, and any volunteers are in no way responsible for any injuries that may be incurred by the above-named participant during the Summer Fun Playground program. I understand that my child can be dismissed from the program for not following the policies and procedures in Guide to Summer Manual.

I hereby give permission for the above-named participant to swim at the Coldwater Aquatic Center and Full Blast Waterpark with the Marshall Rec Summer Fun Playground Program. Yes ___ No ___

I hereby give permission for the above-named participant to attend field trips and other off-site activities with the Recreation Department's Summer Fun Playground Program. Yes ___ No ___

Images of the above-named participant may be used on the Dept website and/or social media for program marketing. (Name not used with photos.) Yes ___ No ___

I have received the 2019 Guide To Summer Policy and Procedures Manual! Yes ___ No ___

How will your child be transported to and from playground? Walk/Bike ___ Dial-A-Ride ___ Vehicle ___

If vehicle, who has permission to transport? _____

Parent/Guardian #1 _____ Phone _____ Email _____

Parent/Guardian #2 _____ Phone _____ Email _____

In case of emergency, who may we notify if parent/guardian listed above cannot be reached?

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Doctor _____ Phone _____

Allergies (medications, food, etc.)

Describe reaction and management of the reaction

Medical (recent injuries, asthma, etc.)

Describe reaction and management of the reaction

Anything else we should know about the participant in order to make their time at Playground the best it can be?

*attach additional pages if necessary

Parent/Guardian Signature

Date

If medications are needed during Playground, complete backside of this form →

