

CITY OF ROCKFORD
COMMUNITY KIDS ZONE PROGRAM APPLICATION

Name: _____ Address: _____
Parent's name: _____
Home phone number: _____ Cell phone number: _____
Age: _____ Grade: _____ School: _____

In the case of an emergency, list a relative or friend who can be contacted if the Parent I Guardian cannot be reached. This person will assume responsibility for the child. Should the program staff be unable to locate the persons listed, the staff may take such actions they deem necessary.

Emergency contact name & relationship: _____
Emergency contact phone number: _____

List any medications currently being taken: List allergies or any other medical conditions: _____

PROGRAM RULES: No fighting I bullying; No damaging property; No gang representation; No weapons; No drugs or alcohol; No leaving and coming back; **kids must not be dropped off no earlier than fifteen minutes prior to program starting and be picked up on time at end of session.** If a child violates the rules, the child may be exempt from the program that day and on future days. Each child is expected to comply with the laws of the State of Illinois and Rockford School District 205 student conduct policy.

City of Rockford staff will periodically take photos during the program. Can your child's photo be used in advertisements / promotional material? Y or N

I hereby understand that I, and / or family members, acknowledge the risks inherent in the above program and agree that no liability will be claimed or enforced against the City of Rockford, or any person or group connected. I further understand that no hospitalization, health, or accident insurance coverage is provided with said registration. I also agree to reimburse the City of Rockford any fees for missing equipment used by my child, and that I must pick up my child at the conclusion of the event on-time.

Parent / Guardian's signature: _____ Date: _____

PLEASE RETURN TO THE MAIN OFFICE OF YOUR SCHOOL OR YOUR SCHOOL RESOURCE OFFICER WHEN COMPLETED.

ANY QUESTIONS E-MAIL OFFICER CAMPION AT RICHARD.CAMPION@ROCKFORDIL.GOV, OR OFFICER WAGNER AT LEANNE.NESS@ROCKFORDIL.GOV.

Non-Discrimination Statement

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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

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