



Crystal Lake Park District Junior Counselor Application

School Year _____

PLEASE PRINT

Name: _____ Age: _____ Birthdate __/__/__

Address: _____ City: _____ Zip: _____

Home Phone: _____ School Attending: _____ Grade: _____

Mother's Name: _____ Work Phone: _____

Business Name: _____ Business Hours: _____

Father's Name: _____ Work Phone: _____

Business Name: _____ Business Hours: _____

Please list three (3) persons whom we may contact, in case of emergency, if we are unable to get in touch with your parents.

Name: _____ Daytime Phone: _____

Name: _____ Daytime Phone: _____

Name: _____ Daytime Phone: _____

Family Physician: _____ Physician Phone: _____

Medical Information:

Do you have medical coverage? ____yes ____no

Which Extended Time site will you be applying for? (Circle One)

- | | | | | |
|------------------|----------|-------------|----------------|---------------|
| Canterbury | Coventry | Husmann | Indian Prairie | South |
| North Elementary | West | Woods creek | Spoerl | Glacier Ridge |

Please list two (2) adults whom you have known at least two (2) years.

Name Relationship Phone

Name Relationship Phone

Please Complete Reverse Side

Authorization for Emergency Medical Treatment

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed.

Name of Minor: _____ Relationship _____

Name of Minor: _____ Relationship _____

School Year: _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed: _____ Date _____

Crystal Lake Park District Waiver and Release of All Claims and Assumption of Risk

Read this form carefully and be aware that in signing and participating in this program/activity, 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 participating in any and all activities connected with and associated with this program/activity (including transportation services, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Crystal Lake Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred to as the Crystal Lake Park District).

I do hereby fully release and forever discharge the Crystal Lake Park District 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 this program/activity.

I have read and fully understand the above important information, warning or risk, assumption of risk and waiver and release of all claims. If registering on-line or fax, your on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Parent/Guardian Signature _____ Date _____

**Participation will be denied
if the signature of adult participant or parent/guardian and date are not on this waiver.**