

Child's Last Name

**Town of Cicero Youth Bureau Parks and Recreation
Project ALERT**

Child's Name (Last, First, MI)

Parent/Guardian Name (Last, First, MI)

Address

City

Zip Code

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Home Phone #

Work Phone #

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Emergency Contact Name

Phone #

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List with child's name any allergies and/or medications: _____

Parent/Guardian

I, (print your name) _____, accept full responsibility for any and all injuries which may arise out of my child's participation in this program and hereby release the Town of Cicero, its agents and/or employees from any claims of any nature whatsoever arising out of my child's participation. I agree to not drop my child off earlier than the program start time and pick up my child by the program end time.

Pictures and other materials that include my child (excluding full name) may or may not be used for Town of Cicero promotional purposes. Check one.

Parent/Guardian Signature _____ Date _____

Child

I, (print your name) _____, agree to keep all information shared during Project ALERT confidential. I also understand that any information I share will be kept confidential with the following exceptions:

- *Any information that leads the staff to believe that you are considering physically harming yourself or others.
- *Any information that leads the staff to believe that there is physical or emotional abuse at home.

Child Signature _____ Date _____