



2017 - 2018 STAR Application <i>Study Time & Afternoon Recreation</i>		
Child's Last Name:	First Name:	
Grade in September 2017:	Birthdate:	Sex: M F
1st Parent/Guardian Name:	Phone 1 (home)	Phone 2 (work/cell)
Mailing Address:	City	Zip Code
Email Address for billing:		
2nd Parent/Guardian Name:	Phone 1 (home)	Phone 2 (work/cell)
Mailing Address: <i>(if different from above)</i>	City	Zip Code
Email Address:		
EMERGENCY CONTACTS IF PARENT/GUARDIAN IS UNABLE TO BE REACHED and HAVE YOUR PERMISSION TO PICK UP YOUR CHILD		
Name/Relation:	Address	Phone #:
		home:
		work:
		home:
		work:
		home:
		work:
CHILD'S HEALTH INFORMATION		
Health concerns, developmental or learning disabilities, or dietary restrictions:	Allergies, including drug reactions, & treatment:	
Current Medications: (Including epipens or insulin) <i>*Please Note: If meds are to be given at STAR, a separate medication form is required*</i>		
Any other information or special instructions that may be helpful to staff when working with your child?		

CONTINUE ON OTHER
SIDE

Contact us: Island Rec, (360) 378-4953, admin@islandrec.org

Authorizations & Releases

By signing below, I authorize the following:
(You may indicate any authorization you **do not** consent to by writing **NO** next to it)

SUNSCREEN RELEASE: I authorize Island Rec staff to apply sunscreen to my child as appropriate.

FIELD TRIP AUTHORIZATION: My child is allowed to participate in all field trips using Island Rec's van or by walking, or any bus chartered by Island Rec. Island Rec's van has capacity for six booster seats. I authorize Island Rec to transport my child using a lap belt only.

Parent/Guardian signature

Date

Medical Release & Waiver of Liability

MEDICAL RELEASE: In the event of a medical emergency, I understand every effort will be made to contact me. If I cannot be reached, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for the child named on this form by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I assume full financial responsibility for emergency treatment of my child.

WAIVER: I am fully aware of the fact that there are special dangers and risks inherent in the STAR Program including, but not limited to, the risk of serious physical injury, death or other harmful consequences that may arise or result directly or indirectly to me / or my child from participation in this activity. Being fully informed as to these risks and in consideration of being allowed to participate in district sponsored activities and/or use of district facilities, I hereby assume all risk of injury, damage and harm to myself or child arising from such activities or use. I also hereby individually and on behalf of my heirs, executors and assigns, release and hold harmless Island Rec its officials, employees and agents and waive any right of recovery that I might have to bring a claim or a lawsuit against them for any personal injury, death or other consequences occurring to me arising out of my voluntary participation in these programs.

PARENT INFORMATION PACKET: I have read and agree to the policies, procedures and expectations in the STAR Parent Information Packet.

Parent/Guardian signature

Date