



FREE TO ATTEND!

MILWAUKEE COUNTY ZOO

Thursday, July 10th

11:00 am - 12:00 pm

Please review all form fields, sign, and return to playground leader by Thursday, July 3.

Participant's Full Name: _____ Parent/Guardian's Full Name: _____ Playground: _____
(Please Print) (Please Print)

Home Phone: _____ Work Phone: _____ Cell: _____

Please circle which age group does your child fall into? 6 - 9 years 10 - 14 years 15 - 17 years

Which race or ethnicity best describes your child?

Hispanic/Latino (1) _____

American Indian or Alaska Native (2) _____

Asian (3) _____

Black or African American (4) _____

Native Hawaiian or other Pacific Islander (5) _____

White (6) _____

Two or more races (7) _____

Prefer not to answer (8) _____

Which of the following most accurately describes your child?

Male (M) _____

Female (F) _____

Transgender (T) _____

Non-binary (N) _____

Prefer not to answer (P) _____

Please circle IF your child has sensitivity to: Bee Stings Nuts Dairy Latex Other _____

Please circle IF your child has: Asthma Diabetes Kidney Injuries Seizure Disorder Heart Condition

Other Medical Condition: _____ Required Medications: _____

Other Medications: _____

If the participant requires medication, I understand that I am obligated to ensure that the medication to be provided and the Medication Authorization Form are on file at the playground. (If ordered by the participant's physician, an epipen must be provided for all field trips).

PERMISSION: I hereby grant permission for my child/myself to participate in the above-named MPS Recreation event. In the event of any injury requiring medical attention, I hereby grant permission to the recreation staff (including volunteers) to attend to my son/daughter or myself including seeking medical attention.

WAIVER: I/we recognize that unanticipated situations and problems can arise during Recreation activities that are not reasonably within the control of the recreation staff (including volunteers). I/we therefore agree to release and hold harmless the Milwaukee Board of School Directors, its agents, officer, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to myself or my child and the costs of medical services.

PHOTO PERMISSION/RELEASE:

I understand, as parent/legal guardian of the above-named child, that there are times when the local news media, national news media and/or nonprofit organizations partnering with Milwaukee Public Schools request the opportunity to videotape, take photographs and/or interview children within Milwaukee Recreation and Milwaukee Public Schools. By signing this, I understand that and give permission for MPS to allow this with respect to my child. I also understand that by signing this release I give permission to the Milwaukee Public Schools to make or use pictures, slides, digital images, or other reproductions of me, of my minor child or of materials owned by me or my child, and to put the finished pictures, slides, or images to use without compensation in broadcast productions, publications, on the Web, or other printed or electronic materials related to the role and function of the Milwaukee Public Schools. I understand that by signing this, I am, on behalf of myself and my child, releasing MPS and its directors, officers, employees and agents, from any future claims as well as from any liability arising from the use of any photograph or other images. This form shall be valid for the duration of the current Milwaukee Recreation program season.

I hereby certify that I have read and do understand the above information:

✕

Signature required for all registrations

Please Sign

MKE REC
A department of MPS

Please remember to sign and return a form for every child



FREE TO ATTEND!

BROWN DEER POND

Thursday, July 17th

1:00 pm - 2:00 pm

Please review all form fields, sign, and return to playground leader by Friday, July 11.

Participant's Full Name: _____ Parent/Guardian's Full Name: _____ Playground: _____
(Please Print) (Please Print)

Home Phone: _____ Work Phone: _____ Cell: _____

Please circle which age group does your child fall into? 6 - 9 years 10 - 14 years 15 - 17 years

Which race or ethnicity best describes your child?

Hispanic/Latino (1) _____

American Indian or Alaska Native (2) _____

Asian (3) _____

Black or African American (4) _____

Native Hawaiian or other Pacific Islander (5) _____

White (6) _____

Two or more races (7) _____

Prefer not to answer (8) _____

Which of the following most accurately describes your child?

Male (M) _____

Female (F) _____

Transgender (T) _____

Non-binary (N) _____

Prefer not to answer (P) _____

Please circle IF your child has sensitivity to: Bee Stings Nuts Dairy Latex Other _____

Please circle IF your child has: Asthma Diabetes Kidney Injuries Seizure Disorder Heart Condition

Other Medical Condition: _____ Required Medications: _____

Other Medications: _____

If the participant requires medication, I understand that I am obligated to ensure that the medication to be provided and the Medication Authorization Form are on file at the playground. (If ordered by the participant's physician, an epipen must be provided for all field trips).

PERMISSION: I hereby grant permission for my child/myself to participate in the above-named MPS Recreation event. In the event of any injury requiring medical attention, I hereby grant permission to the recreation staff (including volunteers) to attend to my son/daughter or myself including seeking medical attention.

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FREE TO ATTEND!

BUSY BARNS ADVENTURE FARM

Thursday, July 24th

3:00 pm - 4:00 pm

Please review all form fields, sign, and return to playground leader by Friday, July 18.

Participant's Full Name: _____ Parent/Guardian's Full Name: _____ Playground: _____
(Please Print) (Please Print)

Home Phone: _____ Work Phone: _____ Cell: _____

Please circle which age group does your child fall into? 6 - 9 years 10 - 14 years 15 - 17 years

Which race or ethnicity best describes your child?

Hispanic/Latino (1) _____

American Indian or Alaska Native (2) _____

Asian (3) _____

Black or African American (4) _____

Native Hawaiian or other Pacific Islander (5) _____

White (6) _____

Two or more races (7) _____

Prefer not to answer (8) _____

Which of the following most accurately describes your child?

Male (M) _____

Female (F) _____

Transgender (T) _____

Non-binary (N) _____

Prefer not to answer (P) _____

Please circle IF your child has sensitivity to: Bee Stings Nuts Dairy Latex Other _____

Please circle IF your child has: Asthma Diabetes Kidney Injuries Seizure Disorder Heart Condition

Other Medical Condition: _____ Required Medications: _____

Other Medications: _____

If the participant requires medication, I understand that I am obligated to ensure that the medication to be provided and the Medication Authorization Form are on file at the playground. (If ordered by the participant's physician, an epipen must be provided for all field trips).

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*WAIVER REQUIRED!

Child cannot attend unless waiver is completed.

Scan the QR Code or visit this link:

<https://slickcity.com/wi-wauwatosa/waiver/>



FREE TO ATTEND!

SLICK CITY INDOOR SLIDE PARK

Thursday, July 31st

1:00 pm - 3:00 pm

Please review all form fields, sign, and return to playground leader by Friday, July 25.

Participant's Full Name: _____ Parent/Guardian's Full Name: _____ Playground: _____
(Please Print) (Please Print)

Home Phone: _____ Work Phone: _____ Cell: _____

Please circle which age group does your child fall into? 6 - 9 years 10 - 14 years 15 - 17 years

Which race or ethnicity best describes your child?

Hispanic/Latino (1) _____

American Indian or Alaska Native (2) _____

Asian (3) _____

Black or African American (4) _____

Native Hawaiian or other Pacific Islander (5) _____

White (6) _____

Two or more races (7) _____

Prefer not to answer (8) _____

Which of the following most accurately describes your child?

Male (M) _____

Female (F) _____

Transgender (T) _____

Non-binary (N) _____

Prefer not to answer (P) _____

Please circle IF your child has sensitivity to: Bee Stings Nuts Dairy Latex Other _____

Please circle IF your child has: Asthma Diabetes Kidney Injuries Seizure Disorder Heart Condition

Other Medical Condition: _____ Required Medications: _____

Other Medications: _____

If the participant requires medication, I understand that I am obligated to ensure that the medication to be provided and the Medication Authorization Form are on file at the playground. (If ordered by the participant's physician, an epipen must be provided for all field trips).

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Please Sign

MKE REC
A department of MPS

Please remember to sign and return a form for every child



*Photo credit: Visit Milwaukee Media Library

FREE TO ATTEND!

MILWAUKEE PUBLIC MUSEUM

Thursday , August 7th

1:00pm - 2:30pm

Please review all form fields, sign, and return to playground leader by Friday, August 1.

Participant's Full Name: _____ Parent/Guardian's Full Name: _____ Playground: _____
(Please Print) (Please Print)

Home Phone: _____ Work Phone: _____ Cell: _____

Please circle which age group does your child fall into? 6 - 9 years 10 - 14 years 15 - 17 years

Which race or ethnicity best describes your child?

Hispanic/Latino (1) _____

American Indian or Alaska Native (2) _____

Asian (3) _____

Black or African American (4) _____

Native Hawaiian or other Pacific Islander (5) _____

White (6) _____

Two or more races (7) _____

Prefer not to answer (8) _____

Which of the following most accurately describes your child?

Male (M) _____

Female (F) _____

Transgender (T) _____

Non-binary (N) _____

Prefer not to answer (P) _____

Please circle IF your child has sensitivity to: Bee Stings Nuts Dairy Latex Other _____

Please circle IF your child has: Asthma Diabetes Kidney Injuries Seizure Disorder Heart Condition

Other Medical Condition: _____ Required Medications: _____

Other Medications: _____

If the participant requires medication, I understand that I am obligated to ensure that the medication to be provided and the Medication Authorization Form are on file at the playground. (If ordered by the participant's physician, an epipen must be provided for all field trips).

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Please Sign

MKE REC
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Please remember to sign and return a form for every child



FREE TO ATTEND!

*Photo credit: ActionTerritory.com

ACTION TERRITORY

Thursday, August 14th

1:00 pm - 4:00 pm

Please review all form fields, sign, and return to playground leader by Friday, August 8.

Participant's Full Name: _____ Parent/Guardian's Full Name: _____ Playground: _____
(Please Print) (Please Print)

Home Phone: _____ Work Phone: _____ Cell: _____

Please circle which age group does your child fall into? 6 - 9 years 10 - 14 years 15 - 17 years

Which race or ethnicity best describes your child?

Hispanic/Latino **(1)** _____

American Indian or Alaska Native **(2)** _____

Asian **(3)** _____

Black or African American **(4)** _____

Native Hawaiian or other Pacific Islander **(5)** _____

White **(6)** _____

Two or more races **(7)** _____

Prefer not to answer **(8)** _____

Which of the following most accurately describes your child?

Male **(M)** _____

Female **(F)** _____

Transgender **(T)** _____

Non-binary **(N)** _____

Prefer not to answer **(P)** _____

Please circle IF your child has sensitivity to: Bee Stings Nuts Dairy Latex Other _____

Please circle IF your child has: Asthma Diabetes Kidney Injuries Seizure Disorder Heart Condition

Other Medical Condition: _____ Required Medications: _____

Other Medications: _____

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I hereby certify that I have read and do understand the above information:

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Please Sign

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