

Monee Township 26121 Egyptian Trail · Monee, IL 60449 · Phone: 708-534-6020



YOUTH EDUCATIONAL AND RECREATIONAL PROGRAM

NAME:		DATE:	
CITY/STATE/ ZIP:			
MEMBERSHIP #:		MALE: FEMALE:	
DRIVER'S LICENSE (ID)#:			
EMERGENCY CONTACT:		PHONE	
	ADULT HOUSEHOLD MEN (MUST SHOW PROOF OF	* *	
NAME:		DL/ID #:	
NAME:		DL/ID #:	
NAME:		DL/ID#:	
NAME:	DL/ID#		
	FAMILY TIME CHILD PAR	TICIPANT(S)	
NAME:	BIRTHDAY:	GRADE/SCHOOL:	
		GRADE/SCHOOL:	
authorize Monee Township offi personnel any treatment deem	icials to secure from any license	minor(s). In the event of an emergency, I will and hospital, physician and/or medical mediate care. I agree that I will be red.	
PARENT/GUARDIAN SIGNATUR	E:	DATE:	



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WAIVER - IMPORTANT - PLEASE READ

MONEE TOWNSHIP/ CORETTA SCOTT KING MAGNET SCHOOL (CSK) is committed to conducting its recreation programs and academic activities in the safest manner possible, holding the safety of participants in the highest possible regard. Participants must recognize, however, that there is an inherent risk of injury when choosing to participate in such activities, especially those that take place outside of the school environment. MONEE TOWN-SHIP/CSK continually strives to reduce such risks and insists that all participants follow safety rules and instructions that have been designated to protect the participant's safety.

Please recognize that MONEE TOWNSHIP/CSK does not carry medical accident insurance for injuries sustained in its programs. This would make program fees prohibitive. Therefore, each person registering for a program or activity should review his/her own health insurance for coverage. It must be noted that the absence of health insurance coverage does not make MONEE TOWNSHIP/CSK automatically responsible for payment of medical expenses.

WAIVER AND RELEASE OF ALL CLAIMS

As a student/member participant in the MONEE TOWNSHIP/CSK Recreational Center program, I recognize and acknowledge that there is a certain risk of physical injury. I agree to assume the full risk of any injury, death, damage or loss that I may have or which may accrue to me as a result of participation in the program. I further agree to I indemnify and hold harmless and defend MONEE TOWNSHIP/CSK and its officers, agents, servants, and employees from any and all claims resulting from injuries, death, damages or loss sustained by me arising our of, connected with or in any way associate with the activities of the program. IN THE EVENT OF AN EMERGENCY, I authorize MONEE TOWNSHIP/CSK officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my immediate care. I also agree that I will be responsible for payment of any and all medical services rendered.

I HAVE READ, FULLY UNDERSTAND AND AGREE TO ABIDE BY THE ABOVE PROGRAM DETAILS, WAIVER AND RELEASE OF ALL CLAIMS AND PERMISSION TO SERCURE TREATMENT.

Signature of Participant(s)	
Primary Member:	Date:
Household Member (1):	Date:
Household Member (2):	Date:
Household Member (3):	Date:



Monee Township



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Monee Township Youth Program Code of Conduct

articipant's Name	
Parent or designated Guardian must assert a second and a second a	
 Parent or designated Guardian must accompany students in Grades K to 6th. All participants are expected to show respect 6. 	
event is being held.	he
 Participants are expected to behave in a polite, responsible manner that respects the rights and feelings of others. 	
• The possession and/or use of weapons, tobacco products, alcoholic beverages and illegal drugs, or remaining in the presence of individuals who are using or taking these items are prohibited.	
ordinance is also prohibited.	1
• Sexual behavior during the time frame of any event or activity is prohibited.	
Appropriate clothing must be worn at all times.	
 No fighting, physical abuse, or verbal abuse will be permitted. 	
• Any damage to property is the responsibility of the participant.	
Report any accident, problems or illness <u>immediately</u> to a Staff Member.	
 Parents will be responsible for transporting the participant to the predetermined meeting location a preset times. 	
 Participants will respect and respond to any Staff member directions, whether or not he/she is from Monee Township. Staff members can use their judgment to determine if participant behavior is appropriate or not and take action accordingly. 	m
• The youth, NOT the Staff Member, is responsible for valuables	
 Participant will be required to check in with a Staff member at times stated 	
Everyone is expected to adhere to the scheduled event	
In an emergency situation, the final decision will be at the discretion of the Staff Member.	
DW THEREFORE, I agree to abide by this Code of Conduction	
OW THEREFORE, I, agree to abide by this Code of Conduction and am aware that any infraction of the Code may result in my parent/guardian(s) being notified to me pick me up and take me have. Firstly, the code may result in my parent/guardian(s) being notified to	ct
me pick me up and take me nome, further consequences will be at the dispretion of the Wardle	0
mmittee after the completion of the event. Please remember that you are representing Monee	
wnship at all times!	
rent Signature Date:	
rent Name (please print) Contact#	

This form, along with a medical release/acknowledgement of risk form signed by both youth and parent, will be kept on record at Monee Township office for <u>I vear</u>. A new form must be completed each year for youth to participate in that year's events. A copy of this form, along with a code of conduct form signed by both youth and parent, will be with the youth's chaperone <u>at all times</u>.

Date:

Keep on file

Township Representative