



Canton Activity Crew Emergency Form 2022 Program Year

Recreation Division
46000 Summit Parkway, Canton, MI 48188
734/394-5460 www.cantonfun.org

1st Participant Name: _____ **Date of Birth:** _____ **Age of Child:** _____

Health Conditions, Allergies, Physical Restrictions, Behavior Plan, Medications: _____

2nd Participant Name: _____ **Date of Birth:** _____ **Age of Child:** _____

Health Conditions, Allergies, Physical Restrictions, Behavior Plan, Medications: _____

3rd Participant Name: _____ **Date of Birth:** _____ **Age of Child:** _____

Health Conditions, Allergies, Physical Restrictions, Behavior Plan, Medications: _____

Parent(s)/Guardian(s) Name(s): _____

Phone Number(s) that would like to receive program text messages and updates: _____

Cell Phone Service Provider: _____

Street Address: _____ **City/State/Zip:** _____

Email Address: _____ **Phone:** _____

Emergency Contact 1 Name: _____ **Emergency Contact #:** _____

Emergency Contact 2 Name: _____ **Emergency Contact #:** _____

Emergency Contact 3 Name: _____ **Emergency Contact #:** _____

Signing In & Out:

I understand that my child needs to be dropped off and picked up by an adult listed on this emergency contact form. I understand that my child is unable to walk home alone unless special arrangements have been made with a CAC Coordinator by calling 734/394-5430.

Permission to Administer Questionnaires to Participants:

I hereby give Canton Township my permission to administer questionnaires to my child for the purposes of improving future programs. I understand that the information collected from my child will remain anonymous and that my child's identity will not be revealed in relationship to the survey.

Permission to Record and Photograph Child Participating in Activities:

I hereby release to Canton Township rights to my child's image, likeness, and the sound of their voice as recorded or photographed. I understand this recording or photograph may be edited and placed in publications, and thereafter the recording or photograph may be otherwise available. I agree to release, discharge, and save harmless Canton Township, including its representatives or designees, from any legal proceedings which may arise in relation to the conditions of the above paragraph.

Waiver of Liability & Permission for Medical Consent:

In consideration of Canton Township permitting my child to participate in Canton Activity Crew (C.A.C.) events off-site and providing transportation to and from said events, I, on behalf of myself, my child, my heirs, successors and assigns, hereby release Canton Township, its elected and appointed and officials, and its employees, volunteers, and agents, as well as the representatives of any other organization connected with this event, from any and all claims for liabilities or damages for any and all property damage or injuries which my child may suffer while taking part in any activities connected with this event. In case of injury, and I am unable to be contacted by your staff, I give my consent to have medical treatment administered to my child if deemed necessary by a physician and understand I shall be liable for any costs associated therewith.

Parent/Guardian Signature

Date

By checking "yes," I certify that the information contained in the application is accurate. I Agree: Yes No

I understand that checking this box constitutes a legal signature confirming that I acknowledge that I am the signer, and

further that I agree to the above Terms of Acceptance: Yes No