

Osseo Day Camp Registration Form

MBS Daycamp starts 6/15/2020 and runs through 8/26/2020

STEMP Challenge LEGO Daycamp starts 8/24/2020 and runs through 8/28/2020

Data Privacy Advisory

1. Some of the information provided in this form may be public data pursuant to data practices law. The City will comply with all applicable laws if the information is subject to a data request.
2. The following information about individuals who are enrolled in a City of Osseo Parks and Recreation program is classified private data: name, address, telephone number; other data that identify the individual; data that describe the individual's health or medical condition, family relationship, or living arrangements and opinions about the individual's emotional makeup or behavior.
3. The information you provide to the City of Osseo on the registration form is used to process your registration request and to determine staff, facilities and equipment needs, and to assist in notifying participants of scheduling changes.
4. Participation in any recreational program or activity is voluntary, and you are not legally required to provide the information requested on the registration form. However, if you fail to provide the information, you will not be allowed to participate in the activity or program.
5. Individuals or entities who are authorized to have access to your private information include: 1) City of Osseo staff who assist with recreation programs; 2) the City of Osseo's insurer and attorney; 3) coaches, supervisors, or instructors of the activity (who may be a City employee, contractor, or volunteer); 4) agencies that require access in connection with any legal claims; and, 5) other persons or entities as authorized by a court order.

* Participant First Name _____

* Participant Last Name _____

* Participant Birthdate _____

* Grade entering in fall

Kindergarten 1st Grade 2nd Grade 3rd Grade

4th Grade 5th Grade

* Gender

Female Male Other

* Street Address _____

* City _____

* State _____

* Zip Code _____

* Country _____

Parent/Guardian Information

* Parent/Guardian #1 Name _____

* Primary Daytime Phone Number _____

Alternate Phone Number _____

* Email _____

Parent/Guardian #2 Name _____

Primary Daytime Phone Number _____

Alternate Phone Number _____

Email _____

* Who is authorized to pick your child up from the activity? (Additional written consent will be needed for anyone not listed here to be allowed to pick up your child).

Emergency Contact Information

* Emergency Contact #1 Name _____

* Relationship

Parent/Guardian Grandparent Aunt/Uncle Sibling

Babysitter/Nanny Other

* Phone Number _____

Emergency Contact #2 Name _____

Relationship

Parent/Guardian Grandparent Aunt/Uncle Sibling

Babysitter/Nanny Other

Phone Number _____

* Does the child have any allergies, chronic illness, or medical conditions? If yes, please describe.

Is the child prescribed an inhaler? If yes, please explain any instructions.

Medical Release and Authorization

As Parent and/or Guardian of the named participant, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor s life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed.

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the named athlete. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me.

Permission is also granted to the program and its affiliates including Directors, staff, and Team Parents to provide the needed emergency treatment prior to the child s admission to the medical facility.

Release authorized on the dates and/or duration of the registered program.

This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

I have read and agree to the above statement

Parent/Guardian Signature: _____ Date: _____

* Primary Doctor Name _____

* Doctor Phone Number _____

* Primary Dentist Name _____

* Dentist Phone Number _____

* Preferred Hospital _____

Additional Health Concerns

Which daycamp are you registering for?

- STEM Challenge LEGO Daycamp (\$250.00) MBS Osseo Daycamp (\$1,510.00)

Make checks to "City of Osseo"; or submit [Credit Card Payment form](#) via fax or mail (do not email Credit Card form)

City of Osseo Waiver

I hereby agree to allow myself or my child to participate in the above-named activity/activities and assume all of the risks associated with this participation. In consideration of accepting this registration, I hereby, for myself and my heirs, waive any and all rights and claims for damages I may have against the City of Osseo and its representatives, for any and all injuries from whatever cause suffered by the above participant(s) in the indicated activity/activities. I understand that the information that I have provided may be distributed to individuals involved with each program. The City of Osseo often takes pictures, slides, and videotape of participants enjoying their activities. These are used for program promotion, brochures, and staff training. I grant permission to use the name, pictures, and quotes of me or my child(ren) for the above purposes.

I have read and agree to the above statements

Parent/Guardian Signature: _____ **Date:** _____

For office use only:

Date received: _____

Receipt/Check #: _____

Date scanned & entered online: _____

By: _____

MBS Osseo Daycamp Participants only:

Informed Consent and Acknowledgement

I hereby give my approval for my child's participation in any and all activities prepared by Mind Body Soul LLC during the selected program. In exchange for the acceptance of said child's candidacy by Mind Body Soul LLC, I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless Mind Body Soul LLC 308 Broadway St E, Osseo, MN 55369, St. Paul's Lutheran Church, 710 Broadway St E, Osseo, MN and the City of Osseo, MN, 415 Central Avenue, and all respective officers, agents, and representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from selected activities.

In case of injury to said child, I hereby waive all claims against Mind Body Soul LLC, St. Paul's Lutheran Church, and the City of Osseo, MN including all coaches and affiliates, all participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the event. There is a risk of being injured that is inherent in all sports activities, including basketball. Some of these injuries include, but are not limited to, the risk of fractures, paralysis, or death.

Parent/Guardian Signature: _____ **Date:** _____

Field Trip and Travel Consent

I give permission for my child to leave the Mind Body Soul LLC location for travel in a car, on a bus, or on public transportation for any reason. I understand that the Mind Body Soul LLC will always use proper safety restraints and will never leave any child unattended in a vehicle. I give permission for my school age child, to participate in any (activity) field trip with Mind Body Soul LLC.

* I give consent for all field trips.

Parent/Guardian Signature: _____ **Date:** _____