



CHILD RELEASE AUTHORIZATION FORM

Please include anyone who is authorized to pick your child up from the park building. The building will only release the child to people with written authorization. In addition, the building will assume that we can release the child to any individual on this list at any time. Anyone that is not listed on the list, we WILL NOT release the child unless we get a notice from the parents/guardians. Please inform us of any changes to your child's release authorization form if you decide to change it throughout the summer.

Child's Name: _____

<u>Name</u>	<u>Phone Number</u>	<u>Relationship</u>
1		
2		
3		
4		
5		

***I grant permission to release my child to any of the individuals listed above.**

Parent/Guardian Name: _____

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



BEHAVIOR CONTRACT

We are happy to provide a safe environment for all attending children. However, if a child is uncooperative with leaders, disciplinary actions will be taken. Listed below is the plan of action for uncooperative children.

3 STRIKE RULE

The Able Park staff will operate a 3 Strike Rule for all attending children. Children receive a strike if they are acting inappropriately. If a child receives three strikes in a single afternoon, they will be sent home. One leader can only give one strike per child, per afternoon. Strikes include, but are not limited to:

- Throwing objects at others
- Making threats
- Consistently not listening / refusing to listen to directions
- Consistently breaking the agreed upon behavior rules
- Violence in the mild degree

A CHILD WILL BE SENT HOME IMMEDIATELY IF THEY ARE A DANGER TO THEMSELVES OR TO OTHERS.

Children who demonstrate good behavior and do not receive any strikes will be awarded a star on their personal behavior chart. After a child earns 15 stars, they will receive a candy bar.

I, _____, understand that my child, _____, may be asked to
(Parent's name) (Child's name)
leave the program if violence or behavior becomes a problem of safety to others. I understand that Park Staff reserve the right to add any additional safety hazards / behavior offenses to the Behavior Policy.

(Parent's Signature)

Date

(Child's Signature)

Date



PRIVACY/WAIVER

The Minnesota Data Privacy Act requires that personal information you provide remain private data and is not available to the public. By registering, you are consenting to allow personal data to be shared with essential personnel involved in administering the program. In consideration of your accepting this entry, I, along with my heirs, assigns, representatives, executors and administrators, hereby waive and release any and all rights, causes of action, and claims for damages I have or may in the future have against the City of Spring Lake Park and its representatives, officials, successors, and assigns for any and all injuries, including but not limited to any injury suffered as a result of my exposure to communicable diseases such as MRSA, influenza, COVID-19, or any other communicable disease, suffered by myself at the activity that I attend. Photo Waiver: I understand that the City may use photographs taken at its programs that picture me or my dependents for publicity purposes.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____