

**ALLEN COUNTY PARKS  
Jr. IMN REGISTRATION FORM**

\*Please Print\* Please NOTE: ALL PROGRAMS ARE SUBJECT TO CANCELLATION.

**Complete one form per Jr. Naturalist.**

**Child's Name:** \_\_\_\_\_ **Preferred Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Grade in spring '10** \_\_\_\_\_

**Parent/Guardian Names:** \_\_\_\_\_

**Address (if different than child):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone 1** (\_\_\_\_)\_\_\_\_-\_\_\_\_[w h c] (w-work, h-home, c-cell)

**Phone 2** (\_\_\_\_)\_\_\_\_-\_\_\_\_[w h c]

**AMOUNT PAID:**(\$70/child) \_\_\_\_\_

**Other Emergency Contact** \_\_\_\_\_

**Phone 1** (\_\_\_\_)\_\_\_\_-\_\_\_\_[w h c]

**Phone 2** (\_\_\_\_)\_\_\_\_-\_\_\_\_[w h c]

**Anyone this child should not be released to?** \_\_\_\_\_

**\*MEDICAL HISTORY \***

**Allergies:** \_\_\_\_\_

**History of:**    asthma    seizures    other

**Will child have medication?**        yes    no

**If so, what?** \_\_\_\_\_

**Other medical info:** \_\_\_\_\_

**Doctor:** \_\_\_\_\_

**Doctor's Phone:** (\_\_\_\_)\_\_\_\_-\_\_\_\_

**Date of last measles shot:**\_\_\_\_\_ **Date of last tetanus shot:**\_\_\_\_\_

**DO YOU CARRY FAMILY MEDICAL INSURANCE? : yes or no (circle)**

**IF SO: CARRIER:**\_\_\_\_\_ **POLICY GROUP #:**\_\_\_\_\_

**SECTION 1: MEDICAL/SURGICAL RELEASE AND EMERGENCY AUTHORIZATION**

The above health information is true and correct to my knowledge. The person listed above has permission to engage in all Jr. Indiana Master Naturalist activities. I hereby give permission to the Allen County Parks staff to select on my behalf, medical personnel and to provide treatment or x-rays for the person listed above. If in the event I can not be reached in a medical emergency, I hereby give permission to the medical personnel or physician selected by the Allen County Parks staff to hospitalize, secure proper treatment, injections, and/or anesthesia, and/or surgery for the person named above.

**PRINT NAME OF PARENT/GUARDIAN:** \_\_\_\_\_ **\*( \*SIGN AT REGISTRATION)**

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **\* DATE:** \_\_\_\_\_

**WITNESS:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SECTION 2: PHOTO/VIDEO RELEASE**

I hereby give permission to the Allen County Park and Recreation Department to use any photographs or video tapes in promotional materials, brochures, and videos that include the above named child.

**PRINT NAME OF PARENT/GUARDIAN:** \_\_\_\_\_ **\***

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **\* DATE:** \_\_\_\_\_

**WITNESS:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**\*(SIGN AT REGISTRATION)**

Please send check to: Allen County Parks & Recreation,  
Attn: Natalie Haley, 7324 Yohne Rd. Ft. Wayne, IN 46809  
**SORRY.... NO REFUNDS**

**Subject to cancellation (refund will be issued in this situation)**