



# LAZY CREEK RECREATION CENTER

## Student Information Form



Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ M [ ] F [ ]

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**Mother/Guardian Name:** \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

**Father/Guardian Name:** \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Relation to Child:** \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Does your child have any special medical conditions? (Diabetes, seizures, asthma, etc.)

\_\_\_\_\_  
**\*Staff members are not permitted to carry or administer medication.**

Does your child have any allergies? (Please include both food and medication allergies)

\_\_\_\_\_  
Does your child have limitations to physical activity? (If so, please describe).

\_\_\_\_\_  
**I acknowledge and understand that Lazy Creek Community Center is NOT peanut/tree free facility**

\_\_\_\_\_ (Parent Initial)

**I acknowledge I have reviewed and understand the rules and policies in the Parent Handbook for the program(s) my child will be/is enrolled in**

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Authorization to Pick Up

**MOTHER/GUARDIAN AND FATHER/GUARDIAN MUST BE INCLUDED ON THIS FORM.**

All individuals must be at least 18 years of age with a valid photo I.D. at the time of pick up.  
*\*Only individuals listed on this sheet will be authorized to pick up your child. Additional sheets may be attached if necessary.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

---

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

---

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

---

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

---

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

---

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

---

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

---

I grant permission for the above mentioned individuals to pick up my child from Lazy Creek Recreation Center. I release all liability and responsibility from the City of Menifee for any issues that may develop from such persons taking my child from the premises.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_