KPR LIL' LEARNERS PRESCHOOL CAMP
VOLUNTEER INFORMATION 2024

Name _____ Birthdate _____

Address _____

Phone # _____ Grade Entering _____

Email Address _____

AVAILABILITY: Please check the box below each week you are AVAILABLE to volunteer. You will not be guaranteed all weeks.

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
June 10 - 13	**June 17 – 20** **Closed 6/19**	**June 24 - 27**	**July 8 - 11**	**July 15 - 18**	**July 22 - 25**	**July 29 - Aug 1**	**Aug 5 - 8**

How many total weeks would you PREFER to be scheduled? _____

Please include any schedule details:
For example: "I am available weeks 4 – 6, but I have swim team Tuesday mornings from 9-11 a.m.")

ABOUT YOU!: Tell us a little about yourself. What are your interests? Have you done any volunteer work or worked with children before?

REQUIRED BABYSITTER'S CERTIFICATION:

I have completed a Babysitter's Training YES ☐

Month/Year Completed _____/_____

Copy of Certificate of Completion Attached? YES ☐ (If completed through KPR, no documentation required)

Please return completed form to Megan Johns at megan.johns@kentohio.gov or at 497 Middlebury Rd, Kent.

VOLUNTEER WAIVER: In consideration of the City of Kent and the Kent Parks and Recreation Department granting me permission to engage in the recreational activities, the undersigned does hereby waive, release, save, and hold harmless and indemnify the City of Kent, the Kent Parks and Recreation Department, their organizers, officers, employees, agents and sponsors for any and all claims for damage for personal injury to me or loss of property which may be caused by any act or failure to act on the part of the City of Kent, the Kent Parks and Recreation Department, their organizers, officers, employees, agents and sponsors. The undersigned further assumes the risk of all dangerous conditions in and about the City of Kent property both real and personal and waive any and all specific notice of the existence of such dangerous conditions, if any. I authorize the City of Kent Parks and Recreation Department to photograph the participant for advertising and promotional purposes including, but not limited to newspaper advertisements, brochures and websites.

Volunteer Signature: _____ Date: _____
Typed Name Counts as Signature

If under 18, Parent or Legal Guardian Signature: _____ Date: _____
Typed Name Counts as Signature

KENT PARKS AND RECREATION
EMERGENCY MEDICAL AUTHORIZATION

Child's Name _____ Email _____

Address

Phone _____

DOB_____

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured, while involved in a recreation activity, when parents or guardians cannot be reached.

MUST BE COMPLETED:

Parent's Name: _____ Home Phone _____

Cell Phone _____

Parent's Name: _____ Home Phone _____

Cell Phone _____

Local emergency contacts to be notified in case neither parent can be reached. The following people will also be authorized to pick up my child if I cannot be reached.

Name:_____ Home Phone _____

Relationship to Child: _____ Cell Phone _____

Name:_____ Home Phone _____

Relationship to Child: _____ Cell Phone _____

Physician: _____ Phone _____

Dentist: _____ Phone _____

Hospital: _____ Phone _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairment to which a physician should be alerted:

Signature of Parent/Guardian _____ Date _____

Typed Name Permitted