



Special Pops 2022 Summer



The Quincy Park District is offering many exciting activities for children with special needs to get out and have a great Summer! Special Pops will be held Mondays - Fridays from 9:30 a.m. – 11:30 a.m. and will include bowling, swimming, playground games, & field trips to local attractions. The program is based out of the Madison Park shelter house. Special Pops program will start June 6th- July 15th. We will not meet on July 4th. On swimming days your child come to the program already dressed in their swimsuits. Any child ages 6 – 13 years who has an I.E.P. may attend. Children living in Adams County are welcome to attend, but parents may need to provide transportation. Bussing will only be available to those living within the QPS Boundaries and could change. Your child may attend every day or any individual day. If your child is attending Summer School he/she may attend once Summer School has ended. Please specify days in which your child will be attending.

Please complete this form and return it to the Quincy Park District business office at 1231 Bonansinga Drive by May 13th. Enrollment will be filled on a first come first serve basis. There is no fee involved as Special Pops is a free program. If you have any questions please contact Kyle at 217-919-0317.

Thank you and we hope to see you this summer!

Kyle Jacoby

Recreation Program Manager

My son/daughter _____ has permission to participate in the Special Pops Program.

Days attending: (highlight all that apply) _____ M T W TH F

Male or Female: _____ Birthdate: _____ Age _____

Your child's current teacher: _____ Child's current School: _____ Child's Grade/age: _____

Will your child be attending Summer School: Yes or No

Parent's Name: _____ Email Address: _____

Address: _____

We MUST have a currently working phone number in order to be in the program

Home Phone: _____ Work Phone: _____

Emergency phone # & Name: _____

List medications that your child takes: _____

List medical concerns or physical restrictions: _____

List your child's likes and dislikes: _____

Dates your child will be gone from programming: (vacations, camps, doc. appts., etc.) _____

_____ I will provide transportation for my child. Shoe Size(bowling) _____

_____ I will need transportation.

The transportation office will contact you to determine pick up point and time.

Please note waiver on the back of this form. Parent signature is required on the back of this form.

I, _____, give my permission for the Quincy Public Schools and the Quincy Park District Special Pops staff to discuss any pertinent information regarding my child, _____ that would help benefit him/her in the Special Pops program.

Signature

Date

~~~~~

**WAIVER AND RELEASE OF ALL CLAIMS PROGRAM PARTICIPATION WAIVER,  
RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT  
FOR  
QUINCY PARK DISTRICT**

\_\_\_\_\_  
**Special Pops**

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Name of Program

**READ CAREFULLY**

**WAIVER AND RELEASE OF ALL CLAIMS PROGRAM PARTICIPATION WAIVER, RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT FOR QUINCY PARK DISTRICT**

Please read this form carefully and be aware that, in signing up and participating in Quincy Park District programs, you will be waiving and releasing all claims for injuries or illnesses, arising out of this program, that you or the above participant might sustain. The terms, "I," "me," and "my" also refer to parents or guardians as well as the participants in the program. In registering for program(s), you are agreeing as follows:

As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risks of any injuries, including death, damages or loss which I may sustain as a result of participating, in any manner, in any and all activities connected with or associated with such program(s). I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risks of injury or illness.

As a participant in the program, I acknowledge being aware of the covid-19 pandemic and related governmental orders, directives and guidelines (collectively "directives"), including directives for frequent hand washing, social distancing and use of face coverings in public locations. Participant is aware that these activities are occurring in a public location during the covid-19 pandemic and may therefore be hazardous activities.

I waive and relinquish any and all claims I may have as a result of participating in the program against the Quincy Park District, any and all other participating or cooperating governmental units, any and all independent contractors, officers, agents, servants and employees of the governmental bodies and independent contractors, and any and all other persons and entities, of whatever nature, that might be directly or indirectly liable for any injuries that I might sustain while participating in programs.

(The parties described in the preceding sentence are referred to as "released parties" in the remainder of the Agreement.)

I do hereby fully release and discharge the Quincy Park District, and any and all other released parties, from any and all claims resulting from injuries, including death, damages and losses sustained by anyone, and arising out of, connected with or in any way associated with my conduct and the activities of the programs.

I further understand and agree that the terms such as "participation," "program" and "activities," referred to in this Agreement, include all exercises and physical movements of any nature while I am participating in the program, and further include the provision of or failure to provide proper instructions or supervision, the use and adjustment of any and all machinery, equipment and apparatus, and anything related to my use of the services, facilities or premises involved in the program. I understand the nature of the program for which I am registering and have read and fully understand this Waiver, Release and Hold Harmless Agreement. I further understand that any advisements or warnings of the particular risks of a program(s) that I subsequently receive will be incorporated by reference into and become a part of this Agreement.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

*If participant is a minor under the age of 18, BOTH parents or one custodial parent or guardian MUST sign.*