

# Application



# Packet



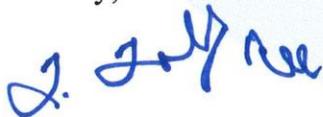
**D**ear Parents,

Thank you for letting your child begin his/her journey in the Junior Park Ranger program! We are very excited to teach Little Rock's kids about the wildlife, plants and history thriving in our 62 parks during our free, week long day camp. All of our activities will take place in our parks and consist of hiking, fishing, planting, birding, picnics, and, of course, playing. By the end of the week, each child will have a solid, basic foundation of our natural world that they can build on and share with family and friends.

Once your child graduates, we look forward to continuing his/her service to our parks on a regular basis. We will meet throughout the year to learn even more about our parks and to continue improving them. Graduation from the Junior Park Ranger Program is just the beginning!

We appreciate your cooperation with our efforts and look forward to getting to know your child.

Sincerely,



Truman Tolefree, Director

# Jr. Park Ranger Program

**Mission:** To energize, educate and engage 9-12 year olds about the natural environment in Little Rock's park system.

**Vision:** To create a safe and healthy park system for all ages.

**Reason:** Children spend half as much time outdoors as they did 20 years ago which has created a disconnect from nature and a lack of caring for nature including our park system.

**Goals:** To promote the City of Little Rock's Parks.

To teach respect for nature.

To educate children about the ecology of Little Rock.

To provide a sense of accomplishment for children.

To create an awareness that all living things are connected and nature is everywhere.

Encourage children to experience nature and give them the opportunity to develop a sense of wonder and joy for the natural world.

To promote respect for Little Rock's park system.

To promote community.

To help children develop the critical scientific and social skills necessary to address environmental and community issues.

To engage the private sector for funding and other support for the program.

# **Children's Outdoor Bill of Rights' Activities in Little Rock Parks and Recreation**

**Play in a safe place**

**LITTLE ROCK  
PARKS AND RECREATION**

**Explore nature**

**Learn to swim**

**Junior Park Ranger**

**Go fishing**

**Follow a trail**

**Ride a bike**

**Play a sport**

**Connect with the past**

**Plant a seed**

**Play with your dog in a park**

## **Jr. Park Ranger Schedule**

We will leave every day at 8:30 am and be back no later than 4:30 pm.

### **Day 1**

- I. Western Hills Park
- II. Benny Craig Park

### **Day 2 – WEAR WATERCLOTHES; BRING TOWEL**

- I. Greenhouse
- II. Bill Clark Wetlands and Riverfront Park

### **Day 3**

- I. MacArthur Park and Museum
- II. Centennial Park

### **Day 4**

- I. Hindman Golf
- II. Jim Daily Pool

### **Day 5**

- I. Boyle Park
  - a. 12:30 – Graduation Ceremony (Parents Welcome!) at Boyle Park

# 2016 JUNIOR PARK RANGER REGISTRATION FORM

Name of Participant: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_

School: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

## In case of an emergency, contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone: \_\_\_\_\_

T-shirt size: \_\_\_\_\_

## Allergies/Health Issues

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I, \_\_\_\_\_ give my child  
(Parent's Name)  
\_\_\_\_\_, permission to participate in the Junior Park  
(Child's Name)  
Ranger program from \_\_\_\_\_ to \_\_\_\_\_ from 8:30am to no later  
(Start Date) (End Date)

than 4:30 pm. I also understand that this is a continuous program and regularly scheduled meetings will occur. I take responsibility to transport my child to the designated places.

\_\_\_\_\_  
(Parent/Guardian Signature and Date)

**WAIVER OF LIABILITY**

I hereby, for myself, my heirs, waive and release this facility, for any and all injuries suffered by child or myself at this facility. The participant recognizes that Arkansas law has granted cities immunity from liability for injury or damage caused by the negligent acts of its employees or agents and understand that the city intends to claim such immunity if liability claims are raised against it in connection with this field trip.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

“Furnishing this information is voluntary. This information will be used by the Parks and Recreation Department and the Little Rock Commission on Children, Youth and Families to better serve participants.”

Ethnic Background: Black \_\_\_ White \_\_\_ Hispanic \_\_\_ Asian \_\_\_ Other \_\_\_

Gender: Male \_\_\_ Female \_\_\_

*Thank you for your cooperation.*

## Permission to Apply Sunscreen

I, \_\_\_\_\_, give the City of Little Rock Parks and Recreation  
(Parent/Guardian's name)

permission to apply sunscreen to \_\_\_\_\_ during the Junior Park Ranger  
(Child's name)  
program.

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(Parent/Guardian's signature and Date)

LITTLE ROCK  
PARKS AND RECREATION

Junior Park Ranger



## Medication Dispensing Information

**This form must be completed for each program session or when the medication instructions change.**

### Background Information:

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Parent's/Guardian's Name(s) \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

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

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Medical Information

Name of Rx: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Other Information: \_\_\_\_\_

I understand that it is my responsibility to deliver my child's medication directly to the designated Program Supervisor (or if the prescription is for a controlled substance, directly to the Occupational Health Nurse) in its original prescription bottle or in a clearly labeled individual dosage container with the prescription name, my child's name and full instructions noted on the prescription bottle or container.

I hereby acknowledge that the above information is provided for the purpose administering medication to my minor child (Participant) and that the information is accurate. I also understand that it is my responsibility to inform the Program Supervisor of any changed to the above instructions. **The medication dispensing instructions noted above can only be changed by my notarized signature on a revised Permission to Administer Medication/Waiver of Liability form and a revised Medication Dispensing Information form.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### ACKNOWLEDGEMENT

STATE OF ARKANSAS     )  
  ) SS  
COUNTY OF PULASKI    )

Subscribed and sworn to before me this \_\_, day of \_\_\_\_\_, 2015.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

## Permission to Administer Medication and Waiver of Liability

The Little Rock Parks and Recreation Department will not administer medication to a minor participant until the Permission to Administer Medication and Medication Dispensing Information Form has been fully completed by the child's parent/guardian. The Department's internal procedures for the administering of medication to minors during a Program for review.

Participant: \_\_\_\_\_ Program: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, the parents/guardian of \_\_\_\_\_ give permission to the staff of the Little Rock Parks and Recreation Department to administer to my child as directed below:

\_\_\_\_\_  
Name of Medication

I understand it is my responsibility to deliver the medication directly to the Program Supervisor (or if the prescription is for a controlled substance, directly to the Occupational Health Nurse) in the original prescription container or individual dosage container and that the container must be clearly labeled with the prescription name, my child's name, and full instructions.

Complete Dosage Instructions: \_\_\_\_\_

I understand that the recommended dosage of any medication will not be exceeded or modified without submission of revised forms acknowledged by my notarized signature. If after administering the medication there is an adverse reaction, I give permission the Little Rock Parks and Recreation Department to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. By my signature below, I agree to be responsible for payment of any and all medical serviced rendered.

### Waiver of Liability

I, \_\_\_\_\_, home address, \_\_\_\_\_, hereby request Little Rock Parks and Recreation's assistance with administering of my child's aforementioned prescribed medication as indicated above in order to facilitate my child's participation in the Program. I recognized and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child. Such risks include, but are not limited to, failing to properly administer the medication and failing to observe side effects. By my signature below, I do hereby waive all rights or claims in the event of any incident, omission, mistake, or act of negligence related to the dispensing of my child's medication during the Program, and I do hereby release the Little Rock Parks and Recreation Department, the City of Little Rock and its individual officers, agents, employees and volunteers from any and all liability for any injury, loss of damaged sustained by me or my minor child as a result of or in any way associated with the dispensing of or the failure to dispense my child's medication during the Program.

**I have read the above waiver and understand that I am forfeiting my right to sue the parties named above.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### ACKNOWLEDGEMENT

STATE OF ARKANSAS )  
                                  ) SS  
COUNTY OF PULASKI )

Subscribed and sworn to before me this \_\_\_\_\_, day of \_\_\_\_\_, 2015.

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