

Application



Packet



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, community and social justice 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

Drop off your child no later than 9 am at Fletcher Park.

All pick-ups are from Fletcher Park except for Friday.

All participants must bring lunch.

Day 1 – Pick up at 3 pm

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

Day 2 – PICK-UP AT 3:00 pm; WEAR SWIMSUIT and BRING A TOWEL

- I. Bill Clark Wetlands/Riverfront Park

Day 3 – PICK-UP AT 3:00 pm

- I. MacArthur Museum/Hostel
- II. Firehouse Hostel
- III. MacArthur Park

Day 4 - Pick up at 3:00 pm; WEAR SWIMSUIT and BRING A TOWEL

- I. Archery Range
- II. Jim Dailey Swimming Pool

Day 5 – Take child home from graduation ceremony.

- I. Boyle Park
 - a. 12:30 – Graduation Ceremony (Parents Welcome!) at Boyle Park
Take child home after ceremony from Boyle Park

**2024 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

I, _____ give my child
(Parent's Name)
_____, permission to participate in the Junior Park
(Child's Name)
Ranger program from _____ to _____ from 9:00 am to no later
(Start Date) (End Date)
than 3:00 pm. 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.

(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 changes 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 _____, 2019.

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 _____, 2019.

Notary Public

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