



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

**EMERGENCY INFORMATION**

(Complete as applicable)

Participant's Name \_\_\_\_\_ Nickname: \_\_\_\_\_

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

Home Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

Street City State Zip

Mailing Address if different from above: \_\_\_\_\_

Street City State Zip

Home Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_@\_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Employed at: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Address (if different) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Employed at: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Address (if different) \_\_\_\_\_

**LIABILITY WAIVER**

I agree to defend, indemnify, and hold harmless Sunset Empire Park and Recreation District (SEPRD), its officers, agents, and employees from and against any claims for injury or damage arising out of or in any way related to enrollment, participation in an event, and transportation to and from the event. I acknowledge that I am responsible for any and all medical expenses due to illness or injury. SEPRD may use any pictures taken that may or may not have myself/family member in it for advertising purposes. **I/WE HAVE READ THE ABOVE WAIVER AND RELEASE AND I/WE SIGN THIS VOLUNTARILY.**

SIGNED/PRINTED \_\_\_\_\_

DATE: \_\_\_\_\_

**PHOTO PERMISSION FORM**

I give permission for photos of myself or child be taken and used in newspaper articles or promotional advertisements for Sunset Empire Park and Recreation District programs. YES (  ) NO (  )

Signature of Participant or (Parent/Legal Guardian) \_\_\_\_\_

Date \_\_\_\_\_

**Please fill out OTHER SIDE  
if your child attends any  
RECREATIONAL CLASS / CAMP**

"For Middle School Program Only- Youth participants will be allowed to sign themselves out of the program at will. Please sign here if your child is not allowed to leave on their own.

Signature of parent/ legal guardian \_\_\_\_\_ Date: \_\_\_\_\_

Person(s) Authorized to pick up child OTHER THAN PARENT / GUARDIAN listed.

Phone: ( ) \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Person(s) NOT authorized to visit or pick up child: Is there a legal document on file with Sunset Empire Park and Recreation District restriction contact? (circle Y or N)

Y/N

Y/N

Y/N

### **EMERGENCY CONTACTS (OTHER than parents / guardians)**

Primary Contact: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Employed at: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Employed at: \_\_\_\_\_

### **EMERGENCY MEDICAL INFORMATION**

Participant's Physician: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number: \_\_\_\_\_

Regular Medications: \_\_\_\_\_

Medicine Allergic to: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

Any Special Health Concerns: \_\_\_\_\_

Consent to use sunscreen on your child: Yes \_\_\_\_\_ No \_\_\_\_\_

### **CONSENT TO TREATMENT**

As a parent or legal guardian of the participant listed above, I hereby authorize Sunset Empire Park and Recreation District personnel to administer any first-aid treatment deemed necessary for the safety and well-being of my child until qualified medical help may be summoned. This consent allows qualified physicians and medical personnel to administer any medical or surgical treatment deemed necessary if I, as parent or legal guardian, cannot reasonably be located.

### **PERMISSION FORM**

I hereby give my child \_\_\_\_\_ permission to go on field trips with Sunset Empire Park and Recreation District staff while in any Sunset Empire Park and Recreation District youth program.

Signature of Participant or (Parent/Legal Guardian)

Date