Emergency Contact Information

Facility/School _____

Program/Activity _____

Program Dates _____

Participation

☐ Full Week ☐ Partial Week ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Varies

Participant Information

Last Name, First Name _____ ☐ Male ☐ Female

Age _____ Grade Level _____ **Swim Level** ☐ Non-Swimmer ☐ Beginner ☐ Advanced Beginner

Parent/Guardian Information

Mothers/Guardian Name _____ Home Phone _____

Address _____ Work Phone _____

City, State, Zip _____ Cell Phone _____

e-mail _____

Fathers/Guardian Name _____ Home Phone _____

Address _____ Work Phone _____

City, State, Zip _____ Cell Phone _____

e-mail _____

Emergency Contact (other than parent/guardian)

Name _____ Relationship to participant _____

Address _____ Phone 1 _____

City, State, Zip _____ Phone 2 _____

Name _____ Relationship to participant _____

Address _____ Phone 1 _____

City, State, Zip _____ Phone 2 _____

Individuals authorized to pick up (other than parent/guardian)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Physician & Insurance

Physician's Name _____ Physician's Phone _____

Hospital Preference, if any _____

Health Insurance Co. ID. _____ Group # _____

Dentist Name _____ Dentist Phone _____

Participant _____

Last Name First Name

Medical & Physical Information

Please check if participant is subject to the following and explain:

Have you ever had...					
Allergies	☐ Yes	☐ No	Diabetes	☐ Yes	☐ No
ADD/ADHD	☐ Yes	☐ No	Heart Problems/Murmur	☐ Yes	☐ No
Autism/Aspbergers	☐ Yes	☐ No	Asthma/Bronchitis	☐ Yes	☐ No
Seizures	☐ Yes	☐ No	Hernia	☐ Yes	☐ No
Hepatitis A or B	☐ Yes	☐ No	Concussion	☐ Yes	☐ No

Do you wear...		
Glasses	☐ Yes	☐ No
Contact Lenses		
Hard	☐ Yes	☐ No
Soft	☐ Yes	☐ No

Details:

_____

_____

_____

Is your child current on all school-required immunizations? ☐ Yes ☐ No Date of last tetanus inoculation: _____

Please list any medical history or physical restrictions that could affect participation in program/activities: Describe any past medical conditions, which might require special attention (if none please indicate).

_____

_____

Please identify any special adaptations or accommodations necessary to assist with participation in programs/activities:

_____

_____

_____

Does participant take medicines at home? ☐ Yes ☐ No

Will participant need medicine administered by THPRD? ☐ Yes ☐ No If Yes, submit Medical Authorization Form.

Please read and sign below if you agree to the conditions herein:

I hereby give consent for my child to participate in all camp/recreational programs sponsored by Tualatin Hills Park & Recreation District (THPRD). I understand that activities run by the program may be vigorous at times, and although they are planned with the safety of the participants in mind, there is the risk of injury to my child arising from participation in this program.

I acknowledge that the THPRD is relying on my judgment, as well as my doctor's judgment, after examining my child to determine that my child has the physical and mental capacity reasonably necessary to engage in the program in which he or she has been enrolled. As my child's legal guardian, I agree to assume the risk associated with this program for him/her. By doing so, I hereby waive all claims against the Tualatin Hills Park & Recreation District or any of its officers, agents or employees, which may arise due to accident, sickness, injury or death, which my child might suffer from his/her participation in the Program. In the event of a medical emergency, I understand every effort will be made to contact me. If I cannot be reached, I give my permission for my child to be treated by a professional medical person and admitted to a hospital if necessary. I agree to be the party responsible for all medical expenses incurred. Signing this form will authorize THPRD to transport your child during the program. Any and all changes to this form must be done in writing and received by THPRD.

Signature of Parent/Guardian _____

Signature of Parent/Guardian _____