



2017 PARTICIPANT INFORMATION AND AUTHORIZATION FORM

Facility/Program: _____

This information is considered confidential and is used only to help staff meet the needs of your child. **Please fill out all sections completely (mark N/A if a section does not apply) and sign and initial where indicated.** Additional information may be required, including but not limited to immunization records, medical treatment, medication administration instructions and authorization, and special field trip permission. If you have updated information on this form, please contact staff immediately to update.

PARTICIPANT AND PARENT INFORMATION

Child's Name (First & Last)		Age	Birth Date	Male	Female
Address		City	ZIP	School	Grade
Parent/Guardian Name (First & Last)			Signature		
Day Phone	Cell Phone/Pager	Evening Phone		E-mail	
Address (if different than above)		City	ZIP		
Relationship to Child <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent		Language(s) Spoken at Home			

GENERAL AUTHORIZATIONS AND INFORMATION

My child has attended a Seattle Parks School Age Care Program. No Yes – Location: _____

My child has permission to participate in field trips including, but not limited to, visits to a local library or park, neighborhood walk, or other field trip as posted, by means of walking, public bus, Dept van, yellow bus. (YES) Initial Here _____ (NO) Initial Here _____

My child has permission to participate in swimming and other water activities at Seattle Parks and Recreation facilities, including swimming pools, lifeguarded beaches, boating facilities, and wading pools. (YES) Initial Here _____ (NO) Initial Here _____

Swimming Ability: Non Swimmer Beginner Intermediate Advanced

My child may apply sunscreen _____ times during the day. **I will provide sunscreen.** (YES) Initial Here _____ (NO) Initial Here _____

My child may be photographed (stills and video) for the City of Seattle, its Department of Parks and Recreation, the Associated Recreation Council, Advisory Council, or Community Center publications. (YES) Initial Here _____ (NO) Initial Here _____

My child has the following behavioral issues which staff should be aware: _____	I handle these behaviors in the following way: _____
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EMERGENCY CONTACTS (Also authorized for participant pick-up)

The Parent/Guardian named above will be contacted first in case of emergency (after 911). Please list additional parents, guardians, and others you would like us to contact if we cannot reach you.

1) Contact Name (First & Last)			Relationship
Day Phone	Cell Phone/Pager	Evening Phone	E-mail
Address		City	ZIP
2) Contact Name (First & Last)			Relationship
Day Phone	Cell Phone/Pager	Evening Phone	E-mail
Address		City	ZIP

PICK-UP AUTHORIZATION AND INFORMATION (MINIMUM AGE 14)

Please list all individuals who are authorized to pick up your child. Individuals listed must be at least 14 years old. If an individual is not listed, your child will not be released. We will not accept voice authorization for pick-up.

1) Name	Relationship	Day Phone	Evening Phone
Address			
2) Name	Relationship	Day Phone	Evening Phone
Address			
3) Name	Relationship	Day Phone	Evening Phone
Address			

Child Sign In and Sign Out Procedures

The parent or other person listed above authorized by the parent to take the child to and from the center/program site shall sign in the child on arrival and sign out the child at departure using a full, legal signature. When the child leaves the center/program site to attend school or other off-site activities as authorized by the parent, the staff person shall sign out the child and sign in the child upon return to the center/program. (WAC 170-297-2125)

MEDICAL HISTORY AND AUTHORIZATION INFORMATION

My child experiences the following: Please CHECK 'None' or all that apply. **Additional forms are required prior to your child attending if medical conditions are checked.** Providing this additional information will help us to ensure your child has a positive experience. Efforts will be made to provide reasonable accommodation in accordance with the Americans with Disabilities Act.

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> NONE | <input type="checkbox"/> ADD | <input type="checkbox"/> ADHD | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Asperger's Syndrome | <input type="checkbox"/> Autism | <input type="checkbox"/> Behavior Disorder |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> History of Seizures | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Mental Disability | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Dev. Disability | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Other: _____ | | | |

Currently taking Medication at:

Program

School

Home

Unless you have religious objections, we cannot allow your child to participate without the following authorizations. If you have religious objections, please submit a written statement of those objections. A MEDICAL TREATMENT AUTHORIZATION Form signed by a physician is required for any medication taken or administered while in a Seattle Parks and Recreation, Associated Recreation Council or Advisory Council program. Forms are available at each facility.

Child's Name (First & Last)	Age	Birth Date	Grade
Medical Provider (First & Last)		Dental Provider (First & Last)	
Address, City, Zip Code		Address, City, Zip Code	
Phone		Phone	
Date of Last Physical Exam: Month _____ Year _____		Date of Last Dental Exam: Month _____ Year _____	
If you do not have a medical provider, in case of injury or incident, what is your plan:		If you do not have a dental provider, in case of injury or incident, what is your plan:	
Preferred Hospital for Treatment:			

I authorize the administration of all medical, dental, and surgical examinations, operations, treatment, and all related care, including emergency or ambulance transportation and the administration of drugs, tests, anesthesia and blood transfusions to the above-named minor when a physician or dentist at the treating medical facility deems those procedures necessary for emergency treatment. I consent to the release of medical report(s) to any doctor or agency and consent to the admission of the above-named minor person to the hospital. I understand that the City of Seattle, its Department of Parks and Recreation, Associated Recreation Council, Advisory Councils, the Community Center, and their officers, employees, and volunteers assume no financial obligation or liability in case of my child's accident or illness. **I assume full financial responsibility for emergency treatment for my child.** Initial Here _____

LEGAL DOCUMENTATION INFORMATION

Please complete the information below, that pertains to your child, regarding documentation relating to a parenting plan or a current restraining order which has been issued by a legal authority and is in affect in the State of Washington:

PARENTING PLAN	RESTRAINING ORDER
<input type="checkbox"/> YES <input type="checkbox"/> NO Expiration Date: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO Expiration Date: _____
If yes, provide copy for child's program file	If yes, provide copy for child's program file

PARENTAL CONSENT, RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

EVENT(S): All programs and activities offered by or through Seattle Parks and Recreation and Associated Recreation Council including but not limited to recreation activities and classes, school age care, preschool, teen programs, special events, field trips, sports/athletics.

IN CONSIDERATION of my minor child ("the Minor") being permitted to participate in any way in the EVENT(S), I agree: I know the nature of the EVENT(S) and the Minor's experience and capabilities, and believe the Minor to be qualified to participate in the Event(s). The Minor and I will inspect the premises, facilities, and equipment to be used or with which the Minor may come in contact to ensure it is safe to our satisfaction. I have spoken with the Minor about the dangers of the activities and the fact that the Minor could—for a variety of known, unknown, foreseeable and unforeseeable reasons, **including negligence** of the City of Seattle, its employees and volunteers, officers and agents—be seriously injured. In extreme cases, such injuries could include permanent disability, paralysis or even death ("risks"). Even understanding these risks I consent to the Minor's participation in the Event(s) and assert that the Minor is willing to participate in the event.

I accept and assume all risks, and assume all responsibility for the losses, costs and/or damages following an injury related to the Event(s), including disability, paralysis or death, even if caused in whole or in part by the negligence of the following releasees: the City of Seattle, its employees and volunteers, officers and agents. **My acceptance of these risks includes releasing and agreeing not to sue the releasees. I also agree to indemnify and save and hold harmless the releasees and each of them from any and all litigation expenses, attorney fees, loss, liability, damage, or cost they may incur due to a claim made against any of the releasees identified above based on an injury to the Minor, whether the claim is based on the negligence of the releasees or otherwise and whether the claim is made by me, is made on behalf of the minor, or is otherwise made.**

Signature of Parent or Guardian

Printed Name of Parent or Guardian

Date