

2019 PARTICIPANT INFORMATION AND AUTHORIZATION FORM

Facility/Program: _____

SAC Start Date: _____

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 and Last)		Age	<input type="checkbox"/> Boy <input type="checkbox"/> Girl <input type="checkbox"/> _____	
Birthdate		School		Grade
Address		City		Zip Code
Parent/Guardian Name (First and Last)			Signature	
Cell Phone		Other Phone		Email
Address (if different than above)		City		Zip Code
Relationship to Child		Language(s) Spoken at Home		
<input type="checkbox"/> Parent		<input type="checkbox"/> Guardian		<input type="checkbox"/> Foster Parent

GENERAL AUTHORIZATIONS AND INFORMATION

1. My child has previously attended a Seattle Parks and Recreation School Age Care Program. No Yes - Location: _____
2. My child has permission to attend field trips as posted in activity schedule, by means of walking, public bus, department van, yellow bus.
(YES) Initial Here _____ (NO) Initial Here _____
3. 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. Swimming Ability: Non Swimmer Beginner Intermediate Advanced (YES) Initial Here _____ (NO) Initial Here _____
4. I will provide sunscreen and my child may apply it _____ times during the day. (YES) Initial Here _____ (NO) Initial Here _____
5. Photographs (stills and video) of your child may be used for the City of Seattle, its Department of Parks and Recreation, or Associated Recreation Council or Advisory Council, publications.
If you **DO NOT** agree Initial Here _____ (Do NOT use photographs of my child)
6. **LEGAL DOCUMENTATION:** Information for your child about parenting plan or current restraining order issued by a legal authority in the State of Washington:

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

EMERGENCY CONTACTS (Also authorized for participant pick-up) *Please list secondary contacts if we cannot reach you.*

1) Contact Name (First and Last)		Relationship		
Cell Phone		Other Phone		Email
Address		City		Zip Code
2) Contact Name (First and Last)		Relationship		
Cell Phone		Other Phone		Email
Address		City		Zip Code

PICK-UP AUTHORIZATION AND INFORMATION (MINIMUM AGE 14)

List all individuals authorized to pick up your child. If an individual is not listed, your child will not be released. No voice authorization for pick-up accepted.

1) Name	Relationship	Cell Phone	Other Phone
Address			
2) Name	Relationship	Cell Phone	Other Phone
Address			
3) Name	Relationship	Cell Phone	Other Phone
Address			

CHILD SIGN-IN AND SIGN-OUT PROCEDURES (WAC 170-297-2125)

The parent or authorized person to take the child to and from the 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 program site to attend school or other off-site activities as authorized by the parent, staff shall sign-out the child and sign-in the child upon return to the program.

MEDICAL HISTORY AND AUTHORIZATION INFORMATION

My child experiences the following: Please CHECK all that apply or 'None'. 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"/> Autism Spectrum Disorder | <input type="checkbox"/> PTSD | <input type="checkbox"/> Behavior Disorder | <input type="checkbox"/> Diabetes | <input type="checkbox"/> History of Seizures |
| <input type="checkbox"/> Hearing Impairment/Deaf | <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Dev. Disability |
| <input type="checkbox"/> Sensory Processing Disorder/Integration Dysfunction | <input type="checkbox"/> Mental Disability | <input type="checkbox"/> Type: _____ | | |

<p>Currently taking Medication at:</p> <input type="checkbox"/> Program <input type="checkbox"/> School <input type="checkbox"/> Home
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My child has the following behavioral issues which staff should be aware: <input type="checkbox"/> None	I handle these behaviors in the following way:
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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 and Last)		Age	Birth Date
Medical Provider (First and Last)		Dental Provider (First and 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 also assume full financial responsibility for emergency treatment for my child.**

Initial Here _____

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

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