



SEATTLE DEPARTMENT OF PARKS AND RECREATION
MEDICAL HISTORY AND AUTHORIZATION



Name of Participant _____

I hereby authorize and consent to the administration of any and all medical, dental, and surgical examinations or operations and treatment or all other related care, including the administration of drugs, tests, anesthesia and/or blood transfusions to the above named minor person that may be ordered by a physician and/or dentist in attendance and the medical center deemed necessary for emergency treatment. I hereby 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.

*Sign here _____

*Parent/Guardian signature required.

I understand that the City of Seattle, its Department of Parks & Recreation, Advisory Council, the Community Center, and their officers, employees and volunteers assume no financial obligation or liability in the case of my child's accident or illness. If I, or anyone on my or my child's behalf makes a claim against the City of Seattle, its Department of Parks & Recreation, the Advisory Council, the Community Center, or their officers, employees and volunteers arising out of related to my child's participation in Parks department programs, I agree to indemnify and save and hold them harmless from any litigation expenses, attorneys' fees, loss, liability, damage or costs they may incur due to the claim made against any of them, whether the claim is based on their negligence or otherwise. I sign this agreement on my behalf and on behalf of my personal representatives, assigns, heirs and next-of-kin. I hereby give my permission for emergency treatment for my child and assume financial responsibility for such treatment.

*Sign here _____

*Parent/Guardian signature required.

Printed Name _____

Relationship _____

First person to contact in an emergency:

Name _____ Phone (day) _____ Phone (eve) _____

Alternate person to contact in an emergency:

Name _____ Phone (day) _____ Phone (eve) _____

Physician _____

Name

Phone

Address

Health Insurance Co. _____

Medical Policy # _____

Asthma Yes _____ NO _____ Does your child carry an inhaler? _____

Usual cause of asthma occurrence _____

Allergies _____

Medications _____

Diabetes Yes _____ NO _____ Frequency of dosage and type of Insulin _____

May Sunscreen be applied? YES NO

My child may be photographed (stills and video) for City of Seattle, it's Department of Parks & Recreation, Advisory Council publications. YES NO

Medical Concerns _____

Limitations on Activities (be specific about reason for limitation, i.e. injured knee, as well as what activities your child can and cannot do and timeline for recovery) _____

SEATTLE DEPARTMENT OF PARKS AND RECREATION

Youth Programs



TRAVEL AND OVERNIGHT PARTICIPANT CODE OF CONDUCT



While on Parks Department property and/or during Parks Department program:

1. I will demonstrate good sporting behavior. I understand respect for other participants, coaches, officials, volunteers, other teams, and spectators are essential for amateur competition and fair play.
2. I agree to attend and take part in all scheduled practices and activities.
3. I agree to accept and carry out instructions of the Recreation Staff, Trip/Overnight Leaders, and/or chaperone(s).
4. I will discuss any problems that may arise with Recreation Staff, Trip/Overnight Leaders, and/or chaperone(s).
5. I understand that alcohol, controlled substances, and weapons are prohibited.
6. I will be respectful of other people's possessions and property and will refrain from activities that cause damage to either.
7. I understand that I am financially responsible for any damage I may cause when disobeying rules.

When **traveling** with the team, I agree to all of the above, as well as:

8. I will be respectful of other participants and all adult chaperones, realizing that my behavior affects others with whom I travel.
9. I will travel with and stay with the group at all times unless previous written approval has been granted.
10. I will remain quietly in my own bed at the established team bedtime.
11. I understand that if I do not abide by these rules I will be returned home at my parents/guardians expense.
12. Failure to comply with any of the code of conduct rules will jeopardize my future travel.
13. I understand that any individual's failure to abide by these rules can jeopardize the entire group's participation at the time of the failure and in the future.

Participant's Signature

Signature of Parent or Guardian

Print Name

Print Name

Date

Date