



Facility _____
Date _____

PARTICIPANT INFORMATION AND AUTHORIZATION FORM

This information is considered confidential and is used only to assist staff in meeting the needs of your child. **Fill out all sections completely (mark N/A if it does not apply) and sign and initial where indicated.** Additional information may be required including but not limited to immunization records, medical treatment and medication administration instructions and authorization, and special field trip permission. If there are any changes in the information on this form please contact staff immediately to update.

PARTICIPANT AND PARENT INFORMATION

Child's Name (First & Last)		Age	Birthdate	Grade
Address		City	ZIP	School
Parent/Guardian Name (First & Last)		Signature		Relationship
Day Phone	Cell Phone/Pager	Evening Phone		E-mail
Address (If Different than Above)			City	ZIP

EMERGENCY CONTACTS

The Parent/Guardian, above, will be contacted first in case of emergency, after 911. Please list non-registering parent/guardian and others you would like us to contact in the event you can not be reached.

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

Please list all individuals that are authorized to pick-up your child. If an individual is not listed your child will not be released. Voice authorization for pick-up will not be accepted.

1) Name	Relationship	Day Phone	Evening Phone
2) Name	Relationship	Day Phone	Evening Phone
3) Name	Relationship	Day Phone	Evening Phone
4) Name	Relationship	Day Phone	Evening Phone
5) Name	Relationship	Day Phone	Evening Phone

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 388-151-460)

MEDICAL HISTORY AND AUTHORIZATION INFORMATION

Unless there are religious objections, we are unable to allow your child to participate without the following authorizations or alternatively your written statement of those religious objections. A MEDICAL TREATMENT AUTHORIZATION Form, signed by a physician is required for any medication taken or administered while in a Seattle Department of Parks & Recreation and/or Advisory Council program. Forms are available at each facility.

Child's Name (First & Last)		Age	Birthdate	Grade
Physician's Name (First & Last)		Phone		
Address		City	ZIP	
Medical Insurance Company	Policy No.		Subscriber	
Preferred Hospital for Treatment			Date of Last Physical Exam	

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 emergency transportation or ambulance transportation, 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 at 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. I understand that the City of Seattle, it's Department of Parks and Recreation, 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.**

SIGNATURE _____ DATE _____

GENERAL AUTHORIZATIONS AND INFORMATION

Behavior issues of which staff should be aware? _____

How do you handle these behaviors? _____

My child is allergic to or cannot eat the following foods: _____

My child experiences the following:

Please check all those that apply (you will be asked to complete an additional form to provide further information about your child so that we can provide the most positive experience possible). No child will be refused service as protected under the Americans with Disabilities Act (ADA).

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Mental Disability | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Behavior Disorder | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Other _____ |

• My child has permission to participate in field trips including but not limited to visits to the local library or parks, neighborhood walks, or other field trips as scheduled, by means of walking, bus, or van. YES ___ NO ___ Initial Here _____

• Does your child have your permission to participate in swimming and other water activities at Seattle Parks & Recreation facilities including swimming pools, lifeguarded beaches, boating and wading pools? YES ___ NO ___ Initial Here _____

SWIMMING ABILITY: Non Swimmer _____ Beginner _____ Intermediate _____ Advanced _____

• My child may have sunscreen applied _____ times during the day. (*You must provide lotion*) YES ___ NO ___ Initial Here _____

• My child may be photographed (stills and video) for City of Seattle, it's Department of Parks & Recreation, the Advisory Council, or Community Center publications. YES ___ NO ___ Initial Here _____

RELEASE AND INDEMNITY AGREEMENT

The foregoing information is complete and true to the best of my knowledge. I also confirm the authorizations and consent detailed within this document, including but not limited to medical treatment, field trip and other activity participation, sign-in and sign-out by child, photos of child, and emergency contacts. I understand that should my child act in a manner that is unsafe for him/herself, other participants or staff, he/she may be excluded from the program. Accordingly I have told my child to obey all directions of the staff, to comply with all safety instructions and refrain from unsafe practices. I hereby release, discharge and covenant not to sue the City of Seattle, its Department of Parks and Recreation, its employees, volunteers, officers, agents, Advisory Council and Community Center from all liability to me or my child, or my child's personal representatives, assigns, heirs and next-of-kin for any and all claims, demands, losses or damages on account of any injury or damage to property caused or arising from my child's participation in the program.

SIGNATURE _____ DATE _____

PRINT NAME: _____