

2019 Emergency Contact Form



Each camp participant must have this form submitted every year before registration is complete.

Child's Name: _____ Age: _____ D.O.B _____ Gender: _____

Address: _____ Zip: _____ Home Phone: _____

Parent/Legal Guardian Name (1): _____ Cell Phone: _____

Email: _____ Work Phone: _____

Parent/Legal Guardian Name (2): _____ Cell Phone: _____

Email: _____ Work Phone: _____

EMERGENCY CONTACTS (The parent/guardian listed above is the primary contact. Please list two additional contacts)

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

Additional persons authorized to pick up child from camp:

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

HEALTH INFORMATION

Please list any allergies or food restrictions:

Please indicate if your child has any health issues (chronic or disabling medical or social issues, i.e., seizures, asthma, diabetes, allergies, heart disease, respiratory problems, hearing impairment, etc.)

List any prescriptions or other medications your child is taking (The City of Eagle does NOT administer medication)

Please list any special situations we should know about:

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

I understand that I will be notified in case of accident or illness to my child, and I will make arrangements for medical care of my child with the physicians or hospital of my choice. I hereby consent to medical treatment in a medical emergency where I am unable to consent to such treatment for my child.

Signature: _____ Date: _____

Sunscreen Permission

Appropriate sunscreen use is important to prevent skin damage and skin cancer. If your child is able to apply his or her own sunscreen, we strongly suggest that they do so. We remind them to re-apply their sunscreen throughout the day. Please label sunscreen with your child's name.

Please complete the following information for your child to use sunscreen at camp:

Brand of Sunscreen and SPF (provided by parent) _____

My child may need help applying his or her sunscreen. Please circle one: YES NO

If YES, I give Eagle Parks & Recreation staff permission to assist with sunscreen application for my child.

Please circle one: YES NO

Parent's Signature _____ Date _____

Transportation Permission

I am aware that participation in some programs requires transportation to and from various places. I hereby give permission to the City of Eagle Parks and Recreation Department staff and/or volunteers to take my child on any field trip away from the program grounds by walking, bus, van or other appropriate vehicle transportation.

Parent's Signature _____ Date _____

Waiver & Release

I understand and agree that the City of Eagle Parks and Recreation Department waiver/release applies to this permission form.

Parent's Signature _____ Date _____

CITY OF EAGLE
PARKS AND RECREATION DEPARTMENT

AGREEMENT, WAIVER AND RELEASE

In consideration of being permitted by Eagle Parks and Recreation to participate in Eagle Parks and Recreation activities or programs, I hereby waive, release and discharge any and all claims for damage for personal injury, death or property damage which I may have, or which may hereafter accrue to me, as a result of participation in activities at said facilities. This release is intended to discharge in advance the City of Eagle, its elected officials, officers, employees, volunteers and agents (hereinafter "City") from any and all liability arising out of or in any way connected with my participation in Eagle Parks and Recreation activities or programs, whether caused by any negligent act or omission of the City or otherwise.

I understand and agree that:

Activities such as the ones I or my minor children will be participating in may involve an element of risk and danger of accidents and, knowing those risks, I hereby assume those risks for myself and my minor children. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and hold harmless the City from any loss, liability, damage, cost or expense which it may incur as the result of death, or any injury or property damage that I or my minor children may sustain while participating in any Eagle Parks and Recreation activity or program.

I also acknowledge for myself and/or my child that the City of Eagle provides no medical coverage of any kind for accidents or injuries that might result during participation in City sponsored programs. I agree to pay all medical, hospital, or other expenses which I or my minor child/ren may incur as a result of treatment for accident or injuries occurring during a City sponsored program.

I understand that City staff may photograph or videotape me and/or my minor child/ren and that the City may use such photographs or videotapes to promote City programs and classes. I expressly allow, and hereby waive any objection thereto, the City's photographing and/or videotaping of me and/or my minor children when I and/or my minor children are participating in a City recreation program. I understand all photos and videotapes will remain the property of the City of Eagle.

CONSENT OF PARENT/GUARDIAN (If participant is a minor).

I am the parent or legal guardian of _____ (the participant). I hereby consent that the participant may participate in Eagle Parks and Recreation activities or programs, and I hereby execute this Agreement, Waiver and Release on his/her behalf. I hereby affirmatively state that the said participant is physically able to participate in said activity. I hereby consent to medical treatment in a medical emergency where the participant is unable to consent to such treatment. I hereby agree to indemnify and hold harmless the City from any loss, liability, damage, cost or

expense that it may incur as a result of the death or any injury or property damage that said participant may sustain while participating in such activities or programs.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CITY OF EAGLE AND I SIGN IT OF MY OWN FREE WILL.

Print Name _____ Relationship (if applicable) _____

Signature _____ Date _____