YOUTH HEALTH FORM SUMMER 2013
(PLEASE PRINT CLEARLY)

PARTICIPANT INFORMATION

Participant Last Name:_____ **First Name:**_____

Participant Birth Date:____/____/____ **Gender:** _____**Age:**_____**Height:** _____

Preferred Name:_____

- **Does your child take any medication?☐ Yes ☐No**

  (A *Release to Administer Medications Form* must be completed and signed before a child can receive medication during program hours.)
- **Please list ALL medical conditions (e.g. allergies, illnesses, special dietary needs, etc.)**

  _____
- **Please list any physical/social needs for which consideration and/or accommodations may be given:**

  _____
- **Child's Doctor:**_____ **Phone:**_____

NOTE: PLEASE INFORM THE STAFF PRIOR TO START OF PROGRAM OF ANY CONDITIONS LISTED ABOVE!

PERSONS (including parents) AUTHORIZED TO PICK-UP YOUR CHILD (Must be 14 or older)

1. Name:_____ **Relationship:**_____

Home Phone:_____**Work Phone:**_____**Cell Phone:**_____

2. Name:_____ **Relationship:**_____

Home Phone:_____**Work Phone:**_____**Cell Phone:**_____

3. Name:_____ **Relationship:**_____

Home Phone:_____**Work Phone:**_____**Cell Phone:**_____

4. Name:_____ **Relationship:**_____

Home Phone:_____**Work Phone:**_____**Cell Phone:**_____

5. Name:_____ **Relationship:**_____

Home Phone:_____**Work Phone:**_____**Cell Phone:**_____

6. Name:_____ **Relationship:**_____

Home Phone:_____**Work Phone:**_____**Cell Phone:**_____

We will release your child only to the people listed above!

Does your child have permission to (circle one: walk, bike, ride LTD) to/from our program?
Explain:_____

The City of Eugene, its officers, agents and employees assume no responsibility for your child at the point of their departure. Child must be at least 11 years old.

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PARENT(s)/GUARDIAN(s) INFORMATION

(1) Name:_____ **Last 4 of ODL#**_____
(Last) (First)

Phone Number WHERE YOU CAN BE REACHED during the program:_____

Employer name:_____ **Work phone:**_____

Relationship:_____**E-mail:** _____

May Pick-up Child: Yes ☐ No ☐

Home Address:_____ **City:**_____ **Zip:**_____

(2) Name:_____ **Last 4 of ODL#**_____
(Last) (First)

Phone Number WHERE YOU CAN BE REACHED during the program:_____

Employer name:_____**Work phone:**_____

Relationship:_____**E-mail:** _____

May Pick-up Child: Yes ☐ No ☐

Home Address:_____ **City:**_____ **Zip:**_____

SWIMMING ABILITY

Please indicate the camper's swimming ability:

- ☐ Non-Swimmer (does not put head in water, cannot swim 40 feet on stomach or back)
- ☐ Moderate (enjoys swimming underwater, floating on back, may be able to swim 40 feet)
- ☐ Expert (can swim 40 feet on front and back, uses side breathing, can tread water 30 seconds)

Participants who are enrolled in a program that includes regular swimming will have their swimming ability assessed by City of Eugene Staff.

PERMISSION INFORMATION

Do you give permission to the City of Eugene Recreation Services for the following:

☐ Yes ☐No My child may be taken on field trips or excursions by bus or approved motor vehicles under proper supervision.

Photographs, videos and audios of participants in Recreation Services programs may be used by the City of Eugene in any medium (e.g., print publications, Internet, etc.) for publicity purposes, without compensation or permission.

RELEASE FROM LIABILITY AGREEMENT

With the exception of specific trips, City of Eugene Recreation Services does not provide medical insurance coverage for its participants. In consideration of the right to participate, each participant must acknowledge there are risks inherent in any kind of activity, and must agree to assume those risks on his/her own behalf, releasing and holding harmless the City, its officers or agents from all claims for injury or losses suffered from participation. An additional Release from Liability Agreement, signed by the participant or guardian, may be required for participation in some activities. Photographs, videos and audios of participants in Recreation Services programs may be used by the City of Eugene in any medium (e.g., print publications, Internet, etc.) for publicity purposes, without compensation or permission. Registration and/or payment of any registration fee shall be deemed an admission of agreement to the terms stated above.

Signature Parent/Guardian:_____ **Date:** _____/_____/_____

☐ **Scanned Date** _____/_____/_____