



PARTICIPANT INFORMATION FORM (PIF)

THIS FORM WILL NOT BE ACCEPTED WITHOUT A SIGNATURE

SEPTEMBER 2023 - AUGUST 2024

1. PARTICIPANT INFORMATION

LAST NAME	FIRST NAME	PREFERRED NAME	PRONOUNS	AGE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SCHOOL ATTENDING	GRADE	HEIGHT	GENDER	DOB (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DOCTOR'S NAME	DOCTOR'S PHONE	FOOD ALLERGIES/DIETARY NEEDS		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

CHECK ANY MEDICAL CONDITIONS THAT MAY AFFECT THE PARTICIPANT'S PARTICIPATION AND INCLUDE DETAILS BELOW.

*Guardian must complete Medication Consent Form prior to participant receiving medication during program.

- | | | | |
|----------------------------------|--|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizure Condition | <input type="checkbox"/> Other (Please Specify) |
| <input type="checkbox"/> Allergy | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Takes Medication* | <input type="checkbox"/> None |

PLEASE LIST ANY PHYSICAL, SOCIAL, OR COGNITIVE NEEDS FOR WHICH SUPPORT AND/OR ACCOMMODATIONS MAY BE GIVEN.

*Please fill out a Youth Inclusion Request Form if participant needs accommodation(s) to successfully participate.

PLEASE INFORM ON-SITE STAFF OF ANY NEEDS LISTED ABOVE.

2. PARTICIPANT PICK UP PERMISSIONS

*Please note that we will only release the participant to the people on this list (must be 16 years or older).

NAME	RELATIONSHIP	PRIMARY PHONE	SECONDARY PHONE	CALL ORDER
<input type="text"/>	Parent/Guardian	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Parent/Guardian	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ARE THERE ANY ISSUES REGARDING PICK-UP, COMMUNICATION, LEGAL RESTRICTIONS, OR OTHER INFO YOU'D LIKE US TO KNOW?

LAST NAME	FIRST NAME	PREFERRED NAME	PRONOUNS	AGE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. EUGENE REC PERMISSIONS

PLEASE INDICATE WHETHER YOU GIVE THE CITY OF EUGENE RECREATION SERVICES PERMISSIONS FOR THE FOLLOWING:

YES NO

FIELD TRIPS: Participant may be taken on field trips by bus or approved motor vehicles under proper supervision.

TRAVEL: Participant may travel to/from our programs via: Walk Bike Ride LTD

Explain:

The City of Eugene, its officers, agents, and employees assume no responsibility for participant prior to the point of their arrival and at the point of their departure. Participant must be at least 10 years old.

SUNSCREEN: Staff may apply sunscreen to participant as appropriate. (Please bring your own sunscreen with participant's name clearly labeled.)

SWIMMING: Participant may go swimming with proper supervision. Youth enrolled in a program that includes regular swimming will have their swimming ability assessed by City of Eugene Staff.



PLEASE NOTE: Photographs, videos, and audio 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. You may opt out by informing our staff at the front desk.

4. PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN 1	EMAIL ADDRESS	PRIMARY PHONE	SECONDARY PHONE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ADDRESS	CITY, STATE, ZIP	LAST 4 OF DRIVER'S LICENSE
<input type="text"/>	<input type="text"/>	<input type="text"/>

PARENT/GUARDIAN 2	EMAIL ADDRESS	PRIMARY PHONE	SECONDARY PHONE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ADDRESS	CITY, STATE, ZIP	LAST 4 OF DRIVER'S LICENSE
<input type="text"/>	<input type="text"/>	<input type="text"/>

PARENT/GUARDIAN 3	EMAIL ADDRESS	PRIMARY PHONE	SECONDARY PHONE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ADDRESS	CITY, STATE, ZIP	LAST 4 OF DRIVER'S LICENSE
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 audio 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.

PARENT/GUARDIAN SIGNATURE REQUIRED (CLICK HERE FOR HELP)	DATE
<input type="text"/>	<input type="text"/>

OFFICE USE ONLY	Sharepoint Date:	Initials:	Photo Opt Out Date:	Per:
	Edit Date:	Initials:	Edit Date:	Initials:
	Edit Date:	Initials:	Edit Date:	Initials: