



PARTICIPANT INFORMATION FORM

Please Print Clearly

September 2020 - August 2021

PARTICIPANT INFORMATION

Participant Last Name	First	Middle	Preferred First Name	
School attending	Gender Identity	DOB	Age	Height
Does your child take medications? <input type="checkbox"/> YES <input type="checkbox"/> NO	Dr. Name		Dr. Phone	

You will need to complete and sign a RELEASE TO ADMINISTER MEDICATIONS form prior to your child receiving medications during program hours.

Please list all medical conditions that may affect your child's participation in our programs (allergies, illness, special dietary needs, etc.), including required face coverings.

Please list any physical / social / cognitive needs for which consideration and/or accommodations may be given. Please fill out an Inclusion Intake Request Form if your child will need an accommodation to successfully participate.

PLEASE INFORM STAFF ON-SITE OF ANY MEDICAL, PHYSICAL, SOCIAL OR COGNITIVE ISSUES LISTED ABOVE.

WHO HAS PERMISSION TO PICK-UP YOUR CHILD (INCLUDING PARENTS/GUARDIANS)?

We will only release your child to the people listed below.

Name	Relationship	Phone(s)	Call Order
	Parent		
	Parent		

Are there any issues regarding pick-up, communication, legal restrictions and/or any additional information that you'd like for us to know?

PARENT/GUARDIAN INFORMATION

Primary Contact Name	E-mail
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Phone(s) (check if available during program hours) <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Last 4 #s of Driver's Lic
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Address	City	Zip
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Secondary Contact Name	E-mail
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Phone(s) (check if available during program hours) <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Last 4 #s of Driver's Lic
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Address	City	Zip
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Tertiary Contact Name	E-mail
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Phone(s) (check if available during program hours) <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Last 4 #s of Driver's Lic
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Address	City	Zip
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PERMISSIONS

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

<input type="checkbox"/> YES	<input type="checkbox"/> NO	My child may be taken on field trips or excursions by bus or approved motor vehicles under proper supervision.
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<input type="checkbox"/> YES	<input type="checkbox"/> NO	My child may travel to/from our programs via: <input type="checkbox"/> Walk <input type="checkbox"/> Bike <input type="checkbox"/> Ride LTD Explain:
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The City of Eugene, its officers, agents and employees assume no responsibility for your child prior to the point of their arrival and at the point of their departure. Child must be at least 11 years old.

<input type="checkbox"/> YES	<input type="checkbox"/> NO	Staff may apply sunscreen to your child as appropriate? Please bring your own sunscreen with child's name clearly labeled.
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<input type="checkbox"/> YES	<input type="checkbox"/> NO	My child 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.
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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. If you have concerns about this, you may opt out by informing our staff at the registration desk.

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.

Parent/Guardian Signature	Date
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OFFICE USE ONLY	Scan date:	Initials:	Photo Opt Out date:
	Ceshare date:	Initials:	Per: Initials:
	Edit date: <input type="checkbox"/> Rescan	Initials:	Edit date: <input type="checkbox"/> Rescan Initials:
	Edit date: <input type="checkbox"/> Rescan	Initials:	Edit date: <input type="checkbox"/> Rescan Initials: