



**PARTICIPANT
INFORMATION FORM**
Please Print Clearly

Sept. 2017- Aug. 2018

PARTICIPANT INFORMATION

PARTICIPANT NAME: LAST	FIRST	MIDDLE	PREFERRED NAME	AGE	HEIGHT
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SCHOOL ATTENDING	GENDER	BIRTHDATE
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DOES YOUR CHILD TAKE MEDICATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO	(You will need to complete and sign a RELEASE TO ADMINISTER MEDICATIONS form prior to your child receiving medications during program hours)	DR. NAME	DR. PHONE
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PLEASE LIST ALL MEDICAL CONDITIONS THAT MAY AFFECT YOUR CHILD'S PARTICIPATION IN OUR PROGRAMS? (Allergies, illness, special dietary needs, etc)

PLEASE LIST ANY PHYSICAL/SOCIAL/COGNITIVE NEEDS FOR WHICH CONSIDERATION AND/OR ACCOMODATIONS MAY BE GIVEN

**PLEASE INFORM STAFF AT THE SITE OF ANY
MEDICAL, PHYSICAL, SOCIAL OR COGNITIVE ISSUES LISTED ABOVE**

WHO HAS PERMISSION TO PICK UP YOUR CHILD? INCLUDE PARENT/GUARDIAN NAMES THAT CAN PICK UP.
We will only release your child to people listed below

NAME	RELATIONSHIP	TELEPHONE NUMBER
PARENT/GUARDIAN 1		Work: Home:
PARENT/GUARDIAN 2		Work: Home:
OTHER		Work: Home:
OTHER		Work: Home:
OTHER		Work: Home:
OTHER		Work: Home:
OTHER		Work: Home:

Office Use Only

INITIAL SCAN DATE	EDIT DATE	REQUESTED BY	EDIT DATE	REQUESTED BY	PHOTO OPT OUT	REQUESTED BY
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PARENT / GUARDIAN INFORMATION

PARENT/GUARDIAN'S NAME (First, Last)		PHONE WHERE YOU CAN BE REACHED DURING PROGRAM HOURS	LAST 4 OF DRIVER'S LICENSE
STREET ADDRESS		CITY	ZIP CODE
WORK NAME		WORK PHONE	CELL PHONE
EMAIL	MAY PICK UP CHILD <input type="checkbox"/> YES <input type="checkbox"/> NO		
PARENT/GUARDIAN'S NAME (First, Last)		PHONE WHERE YOU CAN BE REACHED DURING PROGRAM HOURS	LAST 4 OF DRIVER'S LICENSE
STREET ADDRESS		CITY	ZIP CODE
WORK NAME		WORK PHONE	CELL PHONE
EMAIL	MAY PICK UP CHILD <input type="checkbox"/> YES <input type="checkbox"/> NO		

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)

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

PERMISSIONS

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
- Yes No (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.

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.

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

