

**CITY OF MASON PARKS & RECREATION
PROGRAM PARTICIPANT INFORMATION SHEET**

Please Print

Participant's Name: _____ **Nickname:** _____

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

Date of Birth ____/____/____ **Sex** _____ **Age** _____ **Grade (07/08 year)** _____

Mother's Name: _____ **Home Phone:** _____

Work Phone: _____ **Pager or Cell Phone:** _____

Father's Name: _____ **Home Phone:** _____

Work Phone: _____ **Pager or Cell Phone:** _____

Emergency Contact: _____ **Phone:** _____

Doctor: _____ **Phone:** _____

School Attending: _____

Does Participant Need Assistance to Participate? YES NO

If Yes, Please Explain:

****If assistance is needed please turn this form in at least 1 week prior to the start of the program.**

Participant's Medications: _____

Does participant need to take medication during program hours? YES NO

(Our medication procedures must be followed if participants receive medication at camp)

**Please describe any other medical conditions you feel we should be aware of
(Asthma, Allergies, Diet Restrictions, Etc.) :**

Additional Comments or Suggestions: _____

PLEASE BE SURE TO FILL OUT THE RELEASES ON THE BACK OF THIS FORM

AUTHORIZATION TO WALK, RIDE, OR BE PICKED UP

My child has permission to: _____ Walk to and from program

(YES OR NO)

_____ Ride a bicycle to and from program

_____ Be picked up by the following people:

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

In case of an accident or illness, if (we) cannot be reached to make necessary arrangements, I (we) hereby authorize the City of Mason Parks & Recreation Department to transport my child to the nearest hospital for emergency medical treatment. I (we) authorize that my child is up to date on all necessary shots and medical check-ups.

SWIMMING RELEASE

I hereby (please initial) **CONSENT** **OR** **DO NOT CONSENT** for my child to attend all swimming sessions at any of City of Mason pools.

PHOTOGRAPHIC RELEASE

I hereby (please initial) **CONSENT** **OR** **DO NOT CONSENT** and authorize City of Mason Parks & Recreation Department to reproduce photographs or video taken of my child for advertising and publicity purposes of every description.

TRANSPORTATION/FIELD TRIP RELEASE

I hereby (please initial) **CONSENT** **OR** **DO NOT CONSENT** for my child to be transported by the City of Mason Parks & Recreation Department to the Lou Eves Outdoor Pool, the Mason Community Center, and to and from various field trips. In the case of inclement weather the campers will be taken to the shelters at the park or to the Mason Community Center.

I, _____, shall indemnify, hold harmless and defend the City of Mason, Ohio, its elected and appointed officials, all employees, agents, all boards, commissions, and all volunteers against any and all liability, loss, costs, damages, expenses, claims or actions, including any attorney fees which the City of Mason, its officers, employees, agents, all boards, commissions, and volunteers may incur or be required to pay, arising out of or by any act or omission on the part of the user, while participating in any City of Mason Parks & Recreation Department sponsored activity. The user understands that the City of Mason is NOT liable or responsible in any way for injuries sustained, damages incurred, or accidents occurring during the activities taking place during Parks & Recreation programs and events.

X _____
Signature of Parent/Guardian Date