

PARTICIPANT INFORMATION

CHILD PARTICIPANT INFORMATION

Last Name:		First Name:	
Birth Date:		Age:	
Address:		City:	Zip:
Home Phone:			
With Whom Does Child Live? <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other Arrangements			

PARENT/GUARDIAN INFORMATION

#1 Last Name:		#1 First Name:	
Address:		City:	Zip:
Home Phone:	Work Phone:	Cell Phone:	
Email:		Authorized for Pick-Up? (circle) YES / NO	
#2 Last Name:		#2 First Name:	
Address:		City:	Zip:
Home Phone:	Work Phone:	Cell Phone:	
Email:		Authorized for Pick-Up? (circle) YES / NO	

ADDITIONAL EMERGENCY CONTACTS

Name:	Relationship:	Phone:
Address/City:		Authorized for Pick-Up? (circle) YES / NO
Name:	Relationship:	Phone:
Address/City:		Authorized for Pick-Up? (circle) YES / NO
Name:	Relationship:	Phone:
Address/City:		Authorized for Pick-Up? (circle) YES / NO
Name:	Relationship:	Phone:
Address/City:		Authorized for Pick-Up? (circle) YES / NO

(OVER)

ISSAQUAH PARKS & COMMUNITY SERVICES

Allergies/Dietary Restrictions?	Special Needs?
Behavioral/Learning Challenges?	Other Concerns?

STAFF CANNOT STORE OR ADMINISTER ANY TYPE OF MEDICATION

AUTHORIZATION TO PROVIDE EMERGENCY TREATMENT TO A MINOR

I, the **UNDERSIGNED, PARENT/GUARDIAN** of _____, (**BIRTH DATE:** _____), understand that in the event of an accident or illness, every reasonable effort will be made to contact me/us immediately. However, if I am not available, I authorize the City of Issaquah to secure emergency medical care as needed.

I hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor(s) under the general or special instructions of the Emergency Physician in charge at the health facility selected. It is also understood that this authorization extends to the performance of major surgery and to the administration of blood and any extensive resuscitative measures as may be needed in the case of drowning or other serious accident.

PARTICIPANT RELEASE OF LIABILITY- I am fully aware of the special dangers and risks inherent in the activities and classes that I have signed up for through the City of Issaquah's Parks & Recreation programs for myself and/or my child(ren), including physical injury, loss, death, damage, or other consequences that may arise or result directly from the activity or class in which I and/or my child(ren) may participate. Being fully aware as to these inherent risks and in consideration of the privilege of participating in general use of the Community Center or other sites utilized by Parks & Recreation programs and classes I and/or my child(ren) may attend, I hereby assume all risk of liability for injury, loss, damage, or other consequences; except for those caused by the sole negligence of the City. I also forever discharge and waive any right of recovery from, or to bring suit against, the City of Issaquah and their responsive officers, officials, employees and volunteers, holding them harmless from any and all claims for any personal injury, loss, death, damage, or other consequences to myself and/or child(ren) arising out of my and/or my child(ren)'s voluntary participation in an activity or class through the City of Issaquah.

PHOTO /VIDEO RELEASE: I, the undersigned participant and/or parent or guardian of the minor participants, give my permission to have photos/video tapes taken, with recompense, during City of Issaquah activities and used for publicity purposes.

YOUTH CONCUSSION AND SUDDEN CARDIAC ARREST AWARENESS - I am aware that recreational activities are physical and understand I am responsible to ensure my child(ren) are fit to participate. I also attest that I understand the City is providing me information about youth Concussion/Head Injury and Sudden Cardiac Arrest so that I may be more aware of the inherent risks my child(ren) may encounter in an active recreation program. I understand the City is not a professional/interscholastic sports provider and its programs are for fun/recreation only; with volunteer adults assisting in programs that are not professional coaches, and I recognize that head concussions can occur anytime here or away from these programs and it is my duty as a parent to ensure my child is healthy for participation. Information may be found for Sudden Cardiac Arrest at <http://www.wiaa.com> and Concussion/Head Injury at <http://www.cdc.gov>

In receiving a receipt for recreational activity for my child(ren), and by having my child(ren) show up and participate in any activity, it means I hereby agree and consent I have been advised by the City of Issaquah regarding the Concussion/Head Injury and Sudden Cardiac Arrest issues that may face children when in active play and have been provided the website links to read up on the possible symptoms, warnings, and treatments of which I should be aware.

I certify that I am the parent or legal guardian of the participant named; that I have read and understood the foregoing release; and that I join in the release without reservation, granting full consent and authorization for my child to participate in the activity.

Parent/Guardian Printed Name:

Parent/Guardian Signature:

Date: _____