



# Emergency Contact Information for Minors

Facility \_\_\_\_\_

Program/Activity \_\_\_\_\_

Program Dates \_\_\_\_\_

## Participant Information

Last Name, First Name \_\_\_\_\_ ☐ Male ☐ Female

Date of Birth \_\_\_\_\_ Grade Level \_\_\_\_\_

## Parent/Guardian Information

Mothers/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

e-mail \_\_\_\_\_

Fathers/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

e-mail \_\_\_\_\_

## Emergency Contact Information (other than parents)

IN CASE OF EMERGENCY NOTIFY \_\_\_\_\_ Home Phone \_\_\_\_\_

RELATIONSHIP TO PARTICIPANT \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY \_\_\_\_\_ Home Phone \_\_\_\_\_

RELATIONSHIP TO PARTICIPANT \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

## Physician & Insurance

Physician's Name \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Hospital Preference, if any \_\_\_\_\_

Health Insurance Co. ID. \_\_\_\_\_ Group # \_\_\_\_\_

Dentist Name \_\_\_\_\_ Dentist Phone \_\_\_\_\_

## Please read and sign below if you agree to the conditions herein:

I hereby give consent for my child to participate in all camp/recreational programs sponsored by Tualatin Hills Park & Recreation District (THPRD). I understand that activities run by the program may be vigorous at times, and although they are planned with the safety of the participants in mind, there is the risk of injury to my child arising from participation in this program.

I acknowledge that the THPRD is relying on my judgment, as well as my doctor's judgment, after examining my child to determine that my child has the physical and mental capacity reasonably necessary to engage in the program in which he or she has been enrolled. As my child's legal guardian, I agree to assume the risk associated with this program for him/her. By doing so, I hereby waive all claims against the Tualatin Hills Park & Recreation District or any of its officers, agents or employees, which may arise due to accident, sickness, injury or death, which my child might suffer from his/her participation in the Program. In case of emergency, accident or illness, I give my permission for my child to be treated by a professional medical person and admitted to a hospital if necessary. I agree to be the party responsible for all medical expenses incurred. Signing this form will authorize THPRD to transport your child during the program. Any and all changes to this form must be done in writing and received by THPRD.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## Risk & Contract Management