



# 2010-2011 Youth Recreation Registration Forms

*After School Program Only:*

**School Attending:** \_\_\_\_\_

**Circle one: Full Drop in (approx. days)** \_\_\_\_\_

**\*All lines must be filled in completely\***

|  |  |                                   |   |                                   |            |
|--|--|-----------------------------------|---|-----------------------------------|------------|
| Child's Name: Last   |  | First                             | Middle  | Name Used <i>(if different)</i>   | Birth Date |
| Street Address   |  |                                   | City  | Zip Code                          |            |
| 1. Child's Parent/Guardian Name <i>(to be called first if emergency)</i> |  | Home Phone Number                 |   | Work Phone Number                 |            |
| Home Street Address <i>(leave blank if same as above)</i>                |  |                                   | City  | Zip Code                          |            |
| Work Address   |  |                                   | City  | Zip Code                          |            |
| 2. Child's Parent/Guardian's Name  |  | Home Phone Number (and area code) |   | Work Phone Number (and area code) |            |
| Home Street Address <i>(leave blank if same as above)</i>                |  |                                   | City  | Zip Code                          |            |
| Work Address   |  |                                   | City  | Zip Code                          |            |
| Family Email Address:  |  |                                   | Can we use this email for any upcoming events or reminders? |                                   |            |
|  |  |                                   | Yes      No   |                                   |            |

**Please List Other People To Notify In Case Of Emergency**

| Name                   | Address | Phone Number   |
|------------------------|---------|----------------|
| Name:<br>Relationship: |         | Work:<br>Home: |
| Name:<br>Relationship: |         | Work:<br>Home: |

|  |             |                                     |
|--|-------------|-------------------------------------|
| <b>(Office Only):</b>                        |             |                                     |
| Received by: _____                           | Date: _____ | After School: _____ Day Camp: _____ |
| Cash: _____ Check # _____ Credit Card: _____ |             |                                     |

**Parental/Guardian Assumption of Risk, Waiver and Release**

(I/we am/are the parent(s) or legal guardian of \_\_\_\_\_

Participant's Name

who desires to be a participant in any City of Port Angeles sponsored recreational activity.

I/we understand there are special dangers and risks inherent in this activity, including but not limited to, the risk of serious physical injury, death or other harmful consequences, which may arise directly or indirectly from the child's participation in this activity. Being fully informed as to these risks and in consideration of the City's allowing my child to participate in this sponsored activity and/or use of City facilities I/we, on behalf of myself/ourselves and on behalf of the above-named participant child, assume all risk of injury, damage and harm to the child which may arise from the child's participation in the activities or use of City facilities. I/we further agree, individually and on behalf of the above-named child, to release and hold harmless the City of Port Angeles, its officials, employees and agents and agree to waive any right of recovery that I/we may have to bring a claim or lawsuit for damages against them for any personal injury, death or other harmful consequences occurring to the above-named child or me arising out of the Child's voluntary participation in this activity. I/we grant my/our full and voluntary consent for the above-named child to participate in the activity described above.

Today's Date: \_\_\_\_\_

**Print** Parent/Guardian Name: \_\_\_\_\_

**Signature** of Parent/Guardian Name: \_\_\_\_\_

**Consent for transportation**

I DO/I DO NOT (circle one) give permission for my child, \_\_\_\_\_, to leave the program's designated site during the 2010-2011 Program for trips in transportation provided by the program by walking, public transportation or by use of City of Port Angeles Senior Center Van in all cases seatbelts and/or booster seats will be used when feasible. These field trips include, but are not limited to swimming and the Fine Arts Center when my child is in attendance on these days. I understand my signature below gives the Parks and Recreation Program my consent for the duration of the program from September 1<sup>st</sup>, 2010 to September 1<sup>st</sup>, 2011. I also understand that I will be notified before each activity and/or field trip.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## **Authorized pick up Form**

*This form must be on file with Parks & Recreation  
in order for anyone besides the parent/guardian to  
Pick up your child.*

### **A. Parents/Guardians/Custodians with whom the child resides:**

1. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Address \_\_\_\_\_ Employer \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_
  
2. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Address \_\_\_\_\_ Employer \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### **B. Persons who are authorized to pick up your child if parents are unavailable:**

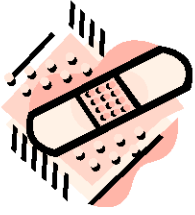
1. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Address \_\_\_\_\_ Employer \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_
  
2. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Address \_\_\_\_\_ Employer \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_
  
3. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Address \_\_\_\_\_ Employer \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_
  
4. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Address \_\_\_\_\_ Employer \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_
  
5. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Address \_\_\_\_\_ Employer \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### **C. Custody restraints/person(s) who MAY NOT pick up your child:**

1. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_
  
2. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

This consent for authorized pick up will be in effect beginning September 1<sup>st</sup>, 2010 and continuing through the year until September 1<sup>st</sup>, 2011 while the child is enrolled in a Parks and Recreation Program.

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_



## Child's Health History

|                                    |                 |              |
|------------------------------------|-----------------|--------------|
| Date of last physical Examination: | Child's Doctor: | Phone Number |
| Street Address                     | City            | Zip Code     |

Does your child have any allergies including drug reactions? If so what?

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Does your child have any special health or developmental problems and/or other pertinent health information we should know?

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Any other issues or concerns about your child's health you would like to share:

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## Child's Medical Insurance Coverage

|                             |                      |
|-----------------------------|----------------------|
| 1. Insurance Company's Name | Member/Policy Number |
| Policy Holder's Name        | Employer's Name      |
| 2. Insurance Company's Name | Member/Policy Number |
| Policy Holder's Name        | Employer's Name      |



## Consent To Medical Care And Treatment Of Minor Children

I hereby give permission that my child, \_\_\_\_\_, may be given emergency treatment by a qualified childcare provider at, \_\_\_\_\_  
(Name of facility)

When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment.

I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

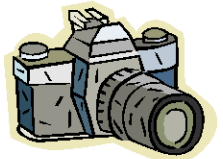
Parent/Guardian Signature:

Date:

Parent/Guardian Signature:

Date:

### Consent for Photographing child



The City of Port Angeles Recreation Division takes pictures of their programming and participants for publicity use in the local newspaper, program guide and flyers.

*(Please circle one)*

I do not give my consent for my child to be photographed for these purposes.

\_\_\_\_\_  
Parent/Guardian Signature

