



PARKS & RECREATION  
**PROGRAM PARTICIPANT EMERGENCY CARD**  
 (PLEASE PRINT)

<b>For Office Use Only</b>
Date received _____
All signatures checked by _____

PARTICIPANT NAME		Last	First	Middle	Nickname
ADDRESS		Number	Street	City	Zip
AGE	DATE OF BIRTH		SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		HOME PHONE (    )
EMAIL					
DESCRIBE ANY BEHAVIOUR(S) WE SHOULD BE AWARE OF FROM PARTICIPANT MINOR					

MOTHER OR GUARDIAN'S NAME		First	Last	FATHER OR GUARDIAN'S NAME		First	Last
HOME ADDRESS				HOME ADDRESS			
CITY		ZIP		CITY		ZIP	
EMPLOYER				EMPLOYER			
EMAIL				EMAIL			
PERSON RESPONSIBLE FOR CHILD		BUSINESS PHONE (    )		HOME PHONE (    )		BUSINESS PHONE (    )	

CONTACT IN CASE OF EMERGENCY				
NAME	ADDRESS	CITY/ZIP	RELATIONSHIP	CELL (    )
NAME	ADDRESS	CITY/ZIP	RELATIONSHIP	CELL (    )
NAME	ADDRESS	CITY/ZIP	RELATIONSHIP	CELL (    )

PERSONS OTHER THAN PARENT WHO MAY PICK CHILD UP			
(Participant will not be allowed to be picked up by any other person without written authorization from parent or guardian)			
FIRST NAME	LAST NAME	RELATIONSHIP	CELL (    )
FIRST NAME	LAST NAME	RELATIONSHIP	CELL (    )
FIRST NAME	LAST NAME	RELATIONSHIP	CELL (    )

SOURCE OF MEDICAL CARE/PHYSICIAN OR DENTIST TO BE CALLED IN EMERGENCY			
DOCTOR'S NAME			PHONE (    )
ADDRESS	CITY	ZIP	KAISER OR MEDICAL PLAN NUMBER
DENTIST'S NAME			PHONE (    )
ADDRESS	CITY	ZIP	KAISER OR MEDICAL PLAN NUMBER
IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?			
<input type="checkbox"/> CALL EMERGENCY HOSPITAL <input type="checkbox"/> OTHER EXPLAIN:			

**PRESENT MEDICAL CARE**

Food Allergies? \_\_\_\_\_

Bee Sting Allergies? \_\_\_\_\_

Recent Illnesses or Health Problems? \_\_\_\_\_

List all medications presently taking: \_\_\_\_\_

\_\_\_\_\_

List all reactions to any medications: \_\_\_\_\_

\_\_\_\_\_

I give permission for Parks & Recreation staff to administer prescribed medication listed below to \_\_\_\_\_

Participant's Name

Medication \_\_\_\_\_

Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Dosage \_\_\_\_\_

Time to be given \_\_\_\_\_

Time to be given \_\_\_\_\_

Reason for medication \_\_\_\_\_

Reason for medication \_\_\_\_\_

Parent signature \_\_\_\_\_

**AUTHORIZATION FOR MEDICAL / SURGICAL TREATMENT**

I hereby give permission to the medical personnel selected by program staff to order x-rays, routine tests, treatment, and necessary related transportation for me or related participants. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the Program Director to secure and administer treatment, including hospitalization, for participant named above.

**PARTICIPANT RELEASE FROM PROGRAM**

Concord Parks & Recreation staff has my permission to release the participant at the end of the program to  a parent or guardian only,  a person other than a parent or guardian listed on this form and written authorization from parent or guardian provided by participant,  walk,  ride a bike, or  use public transportation. Once program participant is so released, I agree that the Concord Parks & Recreation staff and the City of Concord are no longer responsible for the participant.

**WAIVER AND RELEASE FROM LIABILITY / ASSUMPTION OF RISK**

I, the undersigned, (or the minor on whose behalf I am signing this waiver) wish to participate in one or more activities (hereinafter collectively referred to as "the Activity") conducted in collaboration with the City of Concord's Parks & Recreation Department. I am aware that serious accidents and injuries occasionally occur during recreational pursuits such as the Activity. In consideration of my participation (or the minor on whose behalf I am signing this waiver) in the Activity, **I knowingly and voluntarily assume all risks arising therefrom, and on behalf of myself, my heirs and assignees release the City of Concord, its officers, agents, employees and volunteers from any and all claims, liens, damages, lawsuits, or liability for property damage, injury or death, resulting from, arising out of, or in any way connected with my participation in the Activity.**

I agree and acknowledge that this Waiver and Release From Liability/Assumption of Risk shall apply even in the event that I suffer death, personal injury, or property damage as the result of passive or active negligence on the part of the City of Concord, its officers, agents, employees, or volunteers of the City **(with the exception of sole, active negligence, or willful misconduct)**. In the event that the individual participating in the Activity is a minor, I certify that I am his/her parent or legal guardian and I give my permission for him/her to participate in the Activity. I understand my signature is a legal and binding signature and will be considered original if received by fax.

**USE OF PARTICIPANT PHOTOGRAPHS / VIDEO**

In addition to the forgoing, I give consent to Concord Parks & Recreation or any other media agency authorized by the City of Concord to photograph or video me (or the minor on whose behalf I am signing this waiver), and to use such photographs/video footage in brochures, newspapers or other forms of media describing City of Concord activities. I agree to advise the City of Concord Parks & Recreation Department in writing if I do not agree to the forgoing.

Signature \_\_\_\_\_ Date \_\_\_\_\_ (check one):  Self  Parent  Guardian

\_\_\_\_\_  
(Name of participant minor if applicable)