



2017 PARTICIPANT INFORMATION AND AUTHORIZATION FORM

Please print legibly in all sections. Sign and initial where indicated. Additional information may be required, including, but not limited to medical treatment, medication administration instructions and authorization, and special field trip permission. If there are any changes in the information provided, please contact a staff member to update. *This information is considered confidential and is only used to help staff meet the needs of your child.

Child's name (First, Last)	Age	Date of Birth	2017-18 Grade	<input type="checkbox"/> Male
				<input type="checkbox"/> Female
Address (Street address, City & Zip)		Email		
School	Program			
Parent/Guardian Name (authorized to pick up Child)		Parent/Guardian Name (authorized to pick up Child)		
Home Phone (Circle best contact number)		Home Phone (Circle best contact number)		
Work Phone	Work Phone			
Cell Phone	Cell Phone			
Address (if different from above)		Address (if different from above)		

Additional person(s) authorized to pick up child:

Name (First, Last)	Phone	Relationship to Child

Emergency Contact Other than Parent/Guardian:

Name (First, Last)	Phone	Relationship to Child

Family Physician & Contact Number:

Swimming Ability: Non-Swimmer Beginner Intermediate Advanced

My child may apply sunscreen times during the day. **I will provide sunscreen.** YES NO Initial

I understand that Si View Metropolitan Park District will not be responsible sunburns or allergic reactions to sunscreen. Initial

My child has the following behavioral issues of which staff should be aware:

I handle these behaviors in the following ways:

Pertinent medical information/Medications taken (must have medicine administration form on file):

Does your child have any allergies? If so, please list.

Limitations to participation?

Signature: _____ **Date:** _____

*If there is insufficient room for information above, please contact a staff member.