



SI VIEW METROPOLITAN PARK DISTRICT

2020 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)	Date of Birth	2020-21 Grade	Gender:
Primary Residence (Street address, City & Zip)	Email		
School	Program (i.e. Camp, After School Care, Dance, Karate)		
Parent/Guardian Name (authorized to pick up)	Parent/Guardian Name (authorized to pick up)		
Best Phone Number:	Best Phone Number:		
Emergency Contact Name & Number:	Please specify others that are authorized to pick up:		
Family Physician & Number:			

Please make note of any behavioral challenges your child may have, and how these challenges are addressed.

Does your child have any allergies or other pertinent medical information/Medications taken (must have medicine administration form on file):

Please describe your child's swimming ability? Are there any limitations to your child's participation?

Signature: _____ Date: _____

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



2020 LIABILITY RELEASE FORM Si View Metropolitan Park District

Participant Name (First, Last):	Date of Birth
Parent/Guardian Name (for minors only):	E-mail:
Address (Street, City & Zip)	Best Phone Number

AGREEMENT. WAIVER AND RELEASE

In consideration of being allowed to use Si View Metropolitan Park District facilities and/or to participate in District-sponsored activities, I hereby waive, release, and discharge any and all claims for damages, personal injury, illness, death or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the above District (its officers, employees, and agents) from any and all liability arising out of or connected in any way, with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks, I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or any injury, illness or property damage that I may sustain while participating in said activity.

MEDICAL TREATMENT: I hereby give permission that I may be given emergency treatment, to include First Aid and CPR by a qualified staff member. I also give permission that I may be transported by ambulance, treated by aid car personnel and/or transported to an emergency center for treatment. **INITIAL** _____

INSURANCE: It is the responsibility of every individual, their parent or legal guardian to provide their own accident and health coverage while participating in all Si View Metropolitan Park District programs activities. I understand and agree that Si View Metropolitan Park district is not responsible for any charges related to emergency medical service provided as described above. **INITIAL** _____

PHOTOGRAPHY: I hereby consent to and grant the Si View Metropolitan Park District the right to use my name, voice, signature, photograph, or likeness for any lawful purpose. I understand that Si View Metropolitan Park District may, at its discretion, photograph me and/or make recordings of my voice, an/or reproduce my physical likeness as it may appear in any still camera photograph and/or motion picture film or video tape and/or recordings of my voice for use in connection with any exhibition, promotional activity, advertisement and broadcast, on television and any motion picture film or video tape. My name, voice, signature, photograph, or likeness may be used or incorporated for an unlimited period of time. I further understand and acknowledge that I have no right to any compensation for the use of my name, voice, signature, photograph, or likeness. **INITIAL** _____

DISCRIMINATION STATEMENT The Si View Metropolitan Park District does not discriminate based on race, creed, color, ethnicity, national origin, sex, age, marital status, or sexual preference. **INITIAL** _____

This waiver will stand correct and complete until an updated waiver is signed and dated. By enrolling in reoccurring activities offered by the Si View Metropolitan Park District, I agree that the information contained on this waiver is current and correct, and will represent that participant in the current activity. When this information is no longer correct, it is my

responsibility to complete a new waiver with the correct information.

I AGREE TO COMPLY WITH ALL FACILITY AND PROGRAM RULES AND REGULATIONS ESTABLISHED BY THE SI VIEW METROPOLITAN PARK DISTRICT. I CERTIFY THAT I HAVE READ THE FOREGOING AND FULLY UNDERSTAND THE MEANING AND EFFECT THEREOF. **INITIAL** _____

FOR GUARDIANS OF MINORS

PARTICIPATION AUTHORIZATION: I give permission for my child to participate in activities, field trips, swimming, and to be transported as authorized by the Si View Metropolitan Park District. **INITIAL** _____

PARENTAL CONSENT I hereby consent that my son/daughter named above, participate in the above activity, and I hereby execute the above Agreement, Waiver and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of the death or any injury, illness, or property damage that said minor may sustain while participating in said activity. **INITIAL** _____

CONSENT TO TREATMENT OF MINOR: I hereby give permission that the above named participant may be given emergency treatment, to include First Aid and CPR by a qualified staff member. I also give permission for the above named participant to be transported by ambulance, treated by aid car personnel and/or transported to an emergency center for treatment. In the event that I cannot be contacted, I further authorize and consent to the administration of any and all medical, dental, and surgical examinations or operations and treatment or all other related care, including the administration of drugs, tests, injuries anesthesia, and/or blood transfusions to the above named minor person that may be ordered by the physician and/or dentist in attendance at the medical center deemed necessary for emergency treatment. I hereby consent to the release of medical reports to any doctor or agency and consent to the admission of the above named minor person to the hospital. I certify that I am the parent or legal guardian of the above-mentioned participant and that I have authority to authorize such treatment. **INITIAL** _____

CPS STATEMENT: The Si View Metropolitan Park District is mandated to report all suspected and visual signs of child abuse or neglect to the Department of Social Health Services division of Child Protective Services. **INITIAL** _____

Signature _____

Print Name _____

Date _____