



Youth Program Waiver of Liability/Participant Information Form

City of Tucson Parks and Recreation Department

PROGRAM _____ **SITE** _____

This release and information form must be filled out completely with current information, signed and turned in before the participant will be allowed to attend the program. Program participation will not be permitted without responsible party signature on this form. This form is used for all recreation programs and is for the health and safety of the participant. If some questions do not apply, please indicate with "N/A."

PERSONAL INFORMATION

PARTICIPANT'S NAME _____ PHONE _____

RESIDENTIAL ADDRESS _____ ZIP _____

DATE OF BIRTH _____ AGE _____ MALE FEMALE

SCHOOL ATTENDED DURING SCHOOL YEAR (IF APPLICABLE) _____

DOES THE INDIVIDUAL HAVE A DISABILITY THAT REQUIRES ASSISTANCE? _____ YES _____ NO

IDENTIFY ANY BEHAVIOR CONCERNS AND HOW TO DEAL WITH THEM _____

LIMITATIONS/RESTRICTIONS (ACTIVITY OR DIET) _____

THIS INDIVIDUAL IS FREE OF INFECTIOUS DISEASE, IS UP TO DATE ON ALL IMMUNIZATIONS AND IS ABLE TO PARTICIPATE IN RECREATION ACTIVITIES (WITH THE LIMITATIONS/RESTRICTIONS LISTED.) _____ YES _____ NO

MEDICATION

IS PARTICIPANT TAKING MEDICATION? _____ YES _____ NO NAME OF MEDICATION _____

WILL MEDICATION BE TAKEN DURING PROGRAM HOURS? If Yes, ask for Separate Medication Form _____ YES _____ NO

ANY MEDICAL CONDITIONS WE SHOULD BE AWARE OF? Allergy? Asthma? Seizures? Diabetes? Other? _____

ANY OTHER INFORMATION THAT WOULD BE HELPFUL TO STAFF? _____

PARENTS/GUARDIAN INFORMATION

PARENTS/GUARDIAN/SPOUSE (NAME) _____ RELATIONSHIP _____

ADDRESS (IF DIFFERENT) _____

HOME PHONE _____ WORK PHONE _____ PAGER OR MOBILE _____

PARENTS/GUARDIAN/SPOUSE (NAME) _____ RELATIONSHIP _____

ADDRESS (IF DIFFERENT) _____

HOME PHONE _____ WORK PHONE _____ PAGER OR MOBILE _____

EMERGENCY INFORMATION

PERSON TO NOTIFY IN EMERGENCY (OTHER THAN PARENT/GUARDIAN) _____ PHONE _____

PHYSICIAN'S NAME _____ PHONE _____

MEDICAL COVERAGE _____ GROUP ID # _____ PREFERRED HOSPITAL _____

PARTICIPANT WILL ATTEND THE PROGRAM ON THE FOLLOWING DAYS:

MON. _____ TUE. _____ WED. _____ THUR. _____ FRI. _____ SAT. _____ SUN. _____

TIME THE PARTICIPANT WILL BE PICKED UP: _____

MAY WALK HOME AND BE DISMISSED AT THE FOLLOWING TIME: _____

***** PLEASE NOTE: PARTICIPANTS MAY LEAVE FROM PROGRAMS AT THEIR OWN VOLITION.
HOWEVER, PARTICIPANTS MUST SIGN OUT WHEN THEY LEAVE *****

THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP PARTICIPANT AT THE SITE: (PHOTO ID MAY BE REQUIRED)

NAME RELATIONSHIP PHONE

NAME RELATIONSHIP PHONE

NAME RELATIONSHIP PHONE

AQUATICS

If aquatics, I understand this activity involves swimming and could involve workouts and swim meets at various pools.

Does participant know how to swim? _____ YES _____ NO What level? _____

TRIPS

I hereby give permission for named participant to be transported on field trips. Major trips will have their own form with completed information.

_____ I do _____ I do not _____ Initials

MEDIA RELEASE

I hereby grant the Tucson Parks and Recreation Department permission to record my child/ward's or my (if adult participant) likeness and/or voice for use in television, films, radio or printed media to further the aims of the Parks and Recreation Program in related campaigns and magazine articles, booklets, posters and in other ways they may see fit.

_____ I do _____ I do not _____ Initial

EMERGENCY CLAUSE

In the event I cannot be reached in an emergency, I hereby give my permission to employees of Tucson Parks and Recreation Department to secure proper medical care for my child as deemed necessary. This permission extends from minor first aid treatment to (under a doctor's orders) hospitalization, injections, anesthesia, surgery and other medical procedures deemed necessary.

_____ I do _____ I do not _____ Initial

RELEASE CLAUSE

The undersigned hereby releases and holds harmless the City of Tucson, its Mayor and Council and any officers, employees or agents thereof, including without limitation the Tucson Parks and Recreation Department, Tucson Unified, Sunnyside, Flowing Wells, Amphi School Districts, Vail School District, Pima Community College, Child and Family Resources, Inc., and the Arizona School for the Deaf and Blind from any and all claims, liabilities or demands whatsoever arising or claimed to have arisen out of the enrollment or participation in any program by the participant herein.

X _____
SIGNATURE OF RESPONSIBLE PARTY RELATIONSHIP DATE

****If Therapeutics, send to Therapeutic Recreation - 900 South Randolph Way, Tucson, AZ 85716***

****Other programs return to the program leader.***

The City of Tucson assures that all facilities and services are available for public use without regard for race, color, religion, ancestry, sex, age, disability, national origin, sexual orientation or marital status. If anyone believes he or she has been subjected to discrimination on these bases, he or she may file a complaint alleging discrimination with either, the Tucson Parks and Recreation Department or the Office for Equal Opportunity, U.S. Department of Interior, Washington, D.C. 20240.