



Town of Quartzsite
Summer Recreation Program
Waiver of Liability/Participant Information

This form must be filled out completely with current information and turned into the Recreation Program. This form must be filled out for the Summer Program of June 1, 2015 to July 16, 2015. Please indicate with an "N/A" if section does not apply. This information is necessary for the health and safety of the participant. If you have any questions, please do not hesitate to ask.

Participant Information:

Participant Name: _____ Phone # _____

Mailing Address: _____

Residential Address: _____ Zip: _____

DOB: _____ Age: _____ Grade: _____

Parent/Guardian Information:

Parent/Guardian Name: _____ Relationship: _____

Address (if different): _____ Phone# _____

Emergency Point of Contact:

Name: _____ Phone# _____

Address (if different): _____

Relationship: _____

Individuals authorized to pick up child/children:

Name: _____ Phone# _____

Name: _____ Phone# _____

Name: _____ Phone# _____

Picking up children: It is important that children are picked up in a timely manner. If he/she is not, we will have to discontinue that child's participation in the program until adequate transportation can be arranged. Please let us know if there is anything we can do to assist.

Trips:

I DO / DO NOT give permission for named participant to be transported on field trips. **(Please Circle)**

Aquatics:

I understand that this program may involve swimming and or contact with water toys such as water guns, water balloons, and slip n' slides, etc.

Emergency Clause:

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

Release Clause:

The undersigned hereby releases and holds harmless the Town of Quartzsite, and officers, employees or agents, thereof, for all claims, liabilities, or demands whatsoever arising out of enrollment or participation in any program by participant herein.

Immunizations:

It is to the best of my knowledge that the participant named is up to date on all immunizations, is free of infectious disease and able to participate/interact with others safely. **(YES / NO)**

Insurance Information:

Name of Carrier: _____ Policy# _____

Physician Information:

Doctor: _____ Phone # _____

Medical/Behavioral Concerns:

Medications:

Specific Food and Environmental Allergen:

Parent/Guardian Signature: _____ **Date:** _____

The Town of Quartzsite assures that all facilities and services are available for public use without regard for race, color, religion, gender, ancestry, sex, age, physical handicap, or national origin. If anyone believes he or she has been subjected to discrimination on this basis, he/she may file a complaint alleging discrimination with the Town of Quartzsite or Equal Opportunity, U.S. Department of Interior, Washington D.C. 20240