



PARTICIPANT & EMERGENCY INFORMATION PROFILE

CITY OF ORINDA PARKS & RECREATION (2018)

Child's Name: _____ Child's Birthdate & Age: ____/____/____ & _____ Sex: M F

Address: _____
Street # Street City State Zip

Parent/Legal Guardian information below:

	Parent/Legal Guardian # 1	Parent/Legal Guardian # 2
Name		
Primary Phone		
Secondary Phone		
Email		
Address (if different than above)		



Please check here if the participant has a **Life Threatening Condition or Medications** in order for staff to provide accommodations. If checked, please complete the *Parental Consent & Directions to Staff for the Self-Administration of Medications Form*.

AUTHORIZED PICK-UPS	List emergency contacts and other persons authorized to pick up this child from the program. Child will not be allowed to leave with any other person without written authorization from the parents/legal guardian. All persons listed must show photo ID at pick-up.		
	Name	Phone Number	Relationship to Child

Authorize Child's Self-Check-In/Out: (Optional)

My child, _____, has permission to check him/herself in and out from camp each day. My child will arrive no earlier than 10 minutes prior to the start for the program and will leave no later than 10 minutes after the conclusion every day. I give permission for my child to arrive and leave camp on his/her own each day.

No Yes If yes, Parent Signature: _____

I give consent for my minor child to participate in Orinda Parks & Recreation activities. I take full responsibility for any injuries incurred. In case of emergency, call the numbers I have provided. If I cannot be reached, I authorize you to call our family physician or Fire Department. In case of an injury, I authorize the staff of The City of Orinda to render first aid and/or to obtain whatever medical treatment he/she deems necessary for the welfare of my child listed on this application. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said treatment, regardless of whether my medical insurance would cover such charges and fees. I understand that insurance will not be furnished by the City of Orinda. I understand that at the discretion of the camp supervisor and staff my child may be dismissed from camp, without refund, for inappropriate behavior. I also understand that my child may be served food and beverages. I agree to hold harmless the City of Orinda, its agents, officers, instructors, counselors, and independent contractors from any claim that may arise against them for bodily injury or property damage loss due to accident or occurrences arising out of my child's participation during Orinda Parks & Recreation activities.

Parent/Legal Guardian Signature _____
Date