

City of Saline Parks & Recreation Department

REC ON THE GO EMERGENCY FORM

Contact Information

Participant Name _____ Participant Date of Birth _____

Participant Address _____ City _____ Zip _____ Phone _____

Parent/Guardian Name _____ Phone(H) _____ Phone(C) _____

Location of Parent when child is at Rec on the Go _____ Phone (W) _____

Parent/Guardian Name _____ Phone(H) _____ Phone(C) _____

Location of Parent when child is at Rec on the Go _____ Phone (W) _____

Parent/Guardian Email Address _____

If your child becomes ill or injured and needs to leave, the parent(s) listed above will be contacted. In the event that the parent(s) is not available, list in order who should be called:

<u>Name</u>	<u>Relationship</u>	<u>Home</u>	<u>Work</u>	<u>Cell</u>
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1. _____

2. _____

Allergies and Medical Conditions

Allergy/Condition

What happens

Treatment

Restrictions (Dietary/Physical)

In order to provide the best experience possible, please provide any additional information about your child's behavior, physical, emotional, and/or mental health in which the camp staff should be aware.

Please read and sign:

I hereby grant permission to Saline Parks & Recreation staff to perform basic first aid on my child and/or contact the appropriate hospital, emergency clinic or agencies to secure and administer treatment should the need arise. The undersigned, for and in consideration of permission to participate in the herein described events sponsored by the City of Saline, does hereby waive, release and discharge any and all claims against the City of Saline, its representatives employees, volunteers, sponsors, and all others associated with the conduct of such events, for any and all damages arising out of such participation in such events by the undersigned, and/or the minor child and/or children of the undersigned participating with the consent of the undersigned as evidenced by the execution of this instrument.

Signed: _____ Date: _____

(Parent or Guardian)