

Reviewed by _____

Camp Weeks : 1 2 3 4 5 6 7 8 9 10 11 12 ALL

Program Participant Information

Welcome to our program, we are happy you are here! Please complete the following information.

Participant's Name _____ Birth date _____ __M __F

Participant's Name _____ Birth date _____ __M __F

Home Phone _____

Parent's Name _____ Work Number _____

Parent's Name _____ Work Number _____

Emergency Contact _____ Phone Number _____

School Attended _____

SIGN OUT RELEASE: (Approval for alternate person to sign child(ren) in / out)

____ I do hereby signify by my initials that give my permission for my child(ren) to be release to the person listed below:

Name	Relationship to Participant	Driver's License

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Name	Relationship to Participant	Driver's License

____ I do hereby signify by my initials that **I DO NOT** give my permission for my child(ren) to be release to the person listed below:

Name	Relationship to Participant	Driver's License

THE UNDERSIGNED DOES HEREBY ACKNOWLEDGE TO HAVE READ AND UNDERSTOOD ALL THE INFORMATION CONTAINED ON THIS DOCUMENT, AND TO HAVE APPROVED ALL RELEASE, PERMITS AND WAIVERS CONTAINED HEREIN.

Signature of Parent / Guardian	Date

MEDICAL INFORMATION:

Doctor's Name _____ Phone Number _____

Insurance Company _____ Policy Number _____

Is your child allergic to any medications, food, or other items? ____ Yes ____ No *If yes, please list:*

Does your child have any special problems or needs? ____ Yes ____ No *If yes, please attach a statement describing the needs.*

Will your child need to take medication while attending the activity? ___ Yes ___ No *If yes, please complete the following information. Medication: (type, dosage, and time taken)*

MEDICATION WAIVER:

All medication must be in proper prescription bottles with instruction for the administration of the medicine on the label. The medication sent to the center must contain only the daily dosage. Staff are not permitted to accept any larger doses. If there are any changes in the dosage, time frequency, or administration of the medication, is it the parent's / guardian's responsibility to inform the staff in writing.

The undersigned does hereby acknowledge that the instruction on the pharmaceutical container are accurate, and agrees to allow the City of Bedford's staff to assist, in necessary, in the administration of the medication to their child, and waive any claim against the City of Bedford or its staff.

Signature of Parent / Guardian

Date

TRIP PARTICIPATION PERMIT:

___ I do hereby signify by my initials that I give permission for my child(ren) _____

To be transported by City of Bedford staff to scheduled off-site program trips.

AUTHORIZATION AND RELEASE FORM:

KNOW ALL BY THESE PRESENTS

By signing below as "RELEASOR", and in consideration of the privilege of participating in any City of Bedford Parks and Community Service Department ("CITY") activity or in consideration of renting or using and CITY personal, real, or any other property, I do for myself and minor child or children, my heirs, executors, representatives, administrators, and assigns, hereby release, indemnify, defend and hold harmless CITY and all of its officers, officials, agents, employees and invitees, in both their public and private capacities, from and against and all liability, claims, suit, losses, damages and cause of action, including all expenses of litigation and/ or settlement for death, injury to , or debt of any person, or of loss of, damage to, or loss of use of any property arising out of or in connection with the above describe rental of CITY activity. Such indemnity shall apply whether the claims, suits, losses, damages, cause of action or liability, arise in whole or in part from the consequences of CITY'S own negligence where that negligence is a concurring cause of injury, death or damage. CITY is responsible for its own sole negligence provided, however, CITY is not responsible for a good faith action or inaction to render assistance in the event of property damage or personal injury.

RELEASOR understand that this waiver of liability and indemnification is intended to be as broad as possible and as inclusive as permitted by the laws of the State of Texas and that if any portion is held invalid, then the balance shall continue in full legal force and effect. It is further understood that execution of this waiver of liability and indemnification will not constitute a waiver by CITY of the defense of governmental immunity, where applicable, or any other lawful defense. RELEASOR signs this waiver and indemnification voluntarily and with full knowledge of its meaning and significance.

List Minor Children

Signature of Parent / Guardian

Date