Town of Evans – Parks Department – Town Pool – Emergency Information and Parent / Guardian Consent Form 2019

Participant _____ Date of Birth_____

Parent / Guardian _____ Cell Phone _____

Address_____ City _____ Zip_____

Emergency Contact

_____ Relation _____ Cell Phone _____

_____ Relation _____ Cell Phone _____

Participant Information

Wears Glasses [ ] Contacts [ ]

Any Current Medications_____ Allergies_____

Medical Problems _____

Preferred Hospital _____

Doctor _____ Phone Number _____

Please Note

I understand there is a risk of my son / daughter / myself being injured and that this risk is inherent in all sports and activities. I further understand that the risk of injury may be serve. I acknowledge that the Town of Evans and the Parks Department DO NOT have and DO NOT provide accident – health insurance policies / coverage for sponsored programs participants, spectators nor volunteers.

I understand that participants do so at their own risk.
In the event of an Injury, I hereby give authorization for emergency treatment and transportation of myself or my child. [ ]

_____ _____ _____/_____/_____

Printed Name of Guardian *Signature* *Date*

Received by Recreation Employee: _____ _____/_____/_____