

Epping Recreation Participant Information Form

Participant Name:	Home Phone	Male/ Female
Address:	City, State Zip	
	Grade as of 9/26:	Age: DOB: / /
Parent/ Guardian Name 1:	Email:	
Cell Phone:	Work Phone:	
Parent/ Guardian Name 2:	Email:	
Cell Phone:	Work Phone:	

Please print clearly in ink:

*Name and phone # of person to be contacted in case of parent/ guardian is not available in event of an emergency.

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

*Authorized Escorts: Please list the names and phone numbers of individuals permitted to pick up your child.

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

Permission to Participate and Parental Acknowledgement

I understand injuries to participants can occur during recreational activities. I understand that this minor child will be dropped off at designated locations and will need to travel home on his or her own volition without the supervision of the Town of Epping Recreation Department, its representatives, or employees. As parent/guardian, we understand that appropriate arrangements must be made to pick up the child. I understand that **activities** and **transportation** have **inherent foreseeable** and **unforeseeable risks** and **dangers** associated with them. **Risks** and **dangers** may include, but are not limited to motor vehicle travel, exposure to forces of nature, time of day, and remoteness from medical facilities, insufficient cellular phone coverage, encounters with persons not associated with the Town of Epping Recreation Department or the minor child's physical and mental challenges. I acknowledge that this child's participation at the Epping Recreation Department is voluntary.

I have read this form and fully understand that by signing this form I acknowledge and accept such risks.

By signing below, I acknowledge that I have read and understand the above statements.

Parent/Guardian Signature:	Printed Name:	Date:
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Parent/Guardian Signature:	Printed Name:	Date:
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Medical Information & Authorization for Medical Evaluation and Treatment

Medical Information Disclaimer: **It is mandatory that this form be completely filled out by the parent or legal guardian. Failure to provide complete and honest information could result in harmful situations to your child's health and well-being.

All information documented on the form will be kept confidential by Epping Recreation staff, and will only be shared with appropriate personnel in case of a medical emergency. Please fill out the form completely and honestly, which will aid in planning and participant assessment.

Physical Conditions: _____ NONE

Please explain any physical conditions, injuries, chronic illnesses (diabetes, asthma, epilepsy, etc.) or disabilities, which might limit your child's participation in any activities. Has your child been hospitalized for any of these conditions within the last year?

Allergies: Food, insects, bees, medications, etc. Please list below: _____ NONE

Allergies	Typical Reaction	Medications

Emotional Conditions:

_____ NONE Please check any emotional or behavior conditions, which might limit your child's participation in any activities. Please provide further explanation in the space below if necessary.

Depression
 ADD/ADHD
 ODD
 Autism/ Asperger's
 Anxiety
 PTSD
 Bipolar
 Other

Medications: _____ NONE

Please list all current medications (prescription and over the counter) and the condition for which they are taken.

Medications (include amt. and frequency)	Medical Condition	Personal Side Effects of the Meds

Primary Physician: Please provide NAME, ADDRESS, and PHONE NUMBER.

Health Insurance: _____ NONE

Insurance Company	Policy Number	Group Number

I acknowledge that the medical information recorded above is true and accurate. I agree to advise Epping Recreation in writing of any change in the medical condition or medical regimen of this minor child. I understand that unless Epping Recreation is notified, Epping Recreation will assume that all medical information is unchanged until a new form has been

received by the Epping Recreation Department. I acknowledge that I am the parent/ legal guardian of this minor child, and I hereby authorize Epping Recreation, its representatives, or employees to obtain necessary evaluation and treatment of this minor child. Notice is hereby given to any health care provider that Epping Recreation is fully authorized to obtain necessary medical evaluation and treatment.

By signing below, I acknowledge that I have read and understand the above statements.

Parent or Legal Guardian

Signature:

Printed Name:

Date:

Mandated Reporting and Duty to Warn

That state of New Hampshire has reporting laws, which require all Epping Recreation employees to report any suspicion of abuse, neglect, or exploitation of a child to the Department of Children, Youth, and Families (DCYF). If a Epping Recreation employee believes that someone he/she is working with is in danger of harm to self, others, or property, they are obligated to communicate the threat to the victim or victims or to the department of such threat.

By initialing below, I acknowledge that I have read and understand the above statements.

Parent/ Legal Guardian Initials: _____

Photo/ Video Release

During the course of activities, photographs and videos may be taken and used in the promotion of the Epping Recreation Department and its funding sources. These may appear in newspaper, on television, and on computer promotions for the Epping Recreation program. By initialing below, I authorize the use of photos without any compensation.

Please indicate your intent by initialing one of the two following choices:

_____ **Yes**, this minor child’s photographs, and / or video for promotions may be used by Epping Recreation for promotions.

_____ **No**, this minor child’s photographs and/ or video may not be used by Epping Recreation for promotions.

PG Movie Release

From time to time movies are shown at Epping Recreation. By initialing below, you have agreed that your child has your permission to watch these movies and the Epping Recreation will not be held liable for their viewing.

_____ **Yes**, this minor child may view movies with a PG rating.

_____ **No**, this minor child may not view movies with a PG rating.

PG-13 Movie Release (only for youth ages 10 and older)

From time to time movies are shown at Epping Recreation that may have the rating of PG-13. By initialing below, you have agreed that your child has your permission to watch these movies and the Epping Recreation will not be held liable for their viewing.

_____ **Yes**, this minor child may view movies with a PG-13 rating.

_____ **No**, this minor child may not view movies with a PG-13 rating.