

**CITY OF NEWPORT BEACH
RECREATION & SENIOR SERVICES
Waiver of Liability/ Participant Information Form**

PROGRAM _____ **YEAR:** _____ **SITE** _____

This information must be filled out completely with current information and turned in before the participant will be allowed to attend the program. ALL QUESTIONS MUST BE COMPLETED.

PERSONAL INFORMATION

PARTICIPANT'S NAME _____ PHONE _____

RESIDENTIAL ADDRESS _____ ZIP _____

DATE OF BIRTH _____ AGE _____ MALE _____ FEMALE _____

SCHOOL ATTENDING DURING SCHOOL YEAR: _____

IDENTIFY ANY BEHAVIOR CONCERNS AND HOW TO DEAL WITH THEM: _____

LIMITATIONS/ RESTRICTIONS/DISABILITIES (Activity or Diet): _____

MEDICATION

IS PARTICIPANT TAKING MEDICATION? **YES** **NO** NAME OF MEDICATION _____

WILL MEDICATION BE TAKEN DURING PROGRAM HOURS? **YES** **NO** If yes what time and dosage _____

ANY MEDICAL CONDITIONS WE SHOULD BE AWARE OF? Allergy? Asthma? Seizures? Diabetes? Other? _____

NOTE: STAFF DO NOT ADMINISTER MEDICATION. ALL MEDICATION MUST BE SELF-ADMINISTERED OR DONE SO BY AN AID OR PERSON LISTED ON THIS FORM.

PARENTS/ GUARDIAN INFORMATION

PARENT/ GUARDIAN/ SPOUSE (NAME) _____ RELATIONSHIP _____

ADDRESS (If Different) _____

HOME PHONE _____ WORK PHONE _____ MOBILE # _____ EMAIL _____

PARENT/ GUARDIAN/ SPOUSE (NAME) _____ RELATIONSHIP _____

ADDRESS (If Different) _____

HOME PHONE _____ WORK PHONE _____ MOBILE # _____ EMAIL _____

EMERGENCY INFORMATION

NAME OF PERSON TO NOTIFY IN EMERGENCY (Other than Parent/ Guardian): _____

PHYSICIAN'S NAME PHONE

MEDICAL COVERAGE GROUP ID# PREFERRED HOSPITAL

PARTICIPANT PICK-UP AUTHORIZATION

PARTICIPANTS MUST SIGN-IN UPON ARRIVAL AND SIGN-OUT WHEN LEAVING THE PROGRAM. PARTICIPANTS WILL NOT BE ALLOWED TO SIGN-OUT ON THEIR OWN.

THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP PARTICIPANT AT THE SITE:
(Photo ID is required)

NAME RELATIONSHIP PHONE

NAME RELATIONSHIP PHONE

NAME RELATIONSHIP PHONE

PARTICIPANT MAY WALK HOME AND BE DISMISSED AT THE FOLLOWING TIME:

FIELD TRIPS

I DO I DO NOT GIVE PERMISSION FOR NAMED PARTICIPANT TO BE TRANSPORTED ON FIELD TRIPS BY NMUSD TRANSPORTATION SERVICES.

RELEASE CLAUSE

"WE THE UNDERSIGNED, FATHER, MOTHER, AND/OR GUARDIAN, OF THE ABOVE REFERENCED MINOR (S), DO FOREVER RELEASE, ACQUIT, DISCHARGE AND HOLD HARMLESS THE CITY OF NEWPORT BEACH FROM ANY OR ALL CLAIMS, DAMAGES, CAUSES OF ACTION, EXPENSES AND COMPENSATION ARISING FROM ANY PERSONAL INJURIES OR PROPERTY DAMAGE RESULTING FROM OR IN CONNECTION WITH MINOR'S PARTICIPATION IN THE CITY OF NEWPORT BEACH YOUTH PROGRAM."

X _____
SIGNATURE OF RESPONSIBLE PARTY RELATIONSHIP DATE

