

**CITY OF ROSEVILLE PARKS & RECREATION PARTICIPANT INFORMATION AND
EMERGENCY AUTHORIZATION FORM**

Program Name _____ Location _____

Name of Child _____ D.O.B. ___/___/___ Age _____

Male ___ Female ___ Height ___ Weight ___

School Attending in the Fall _____ Grade _____

Home Address _____ City _____ State ___ Zip _____

Parent/Legal Guardian:

1. Name _____ Primary Language _____

Address _____ City _____ State ___ Zip _____

Does child primarily reside at this address? _____ If no, where does child primarily reside? _____

Employer _____ City _____ State ___ Zip _____

Telephone (Home) _____ (Work) _____ (Cell) _____

2. Name _____ Primary Language _____

Address _____ City _____ State ___ Zip _____

Does child primarily reside at this address? _____ If no, where does child primarily reside? _____

Employer _____ City _____ State ___ Zip _____

Telephone (Home) _____ (Work) _____ (Cell) _____

Emergency Contacts (*Individuals other than parent or legal guardian who can be contacted in an emergency and/or who are authorized to pick up your child from the City's program. Each individual listed below must show current photo identification when picking up your child.*)

1. Name _____ Relationship to Child _____

Telephone (Work) _____ (Home) _____

Emergency: Yes or No (Circle one) Pick Up: Yes or No (Circle one)

2. Name _____ Relationship to Child _____

Telephone (Work) _____ (Home) _____

Emergency: Yes or No (Circle one) Pick Up: Yes or No (Circle one)

I give my child permission to sign himself/herself out at the end of the day's program: Yes No (Circle one)

Please note: Participants may only sign-out at the end of the day-no exceptions. Additional form required.

Swimming

Child's Name _____ Age _____

Child's Swimming Ability:
(For Roseville Aquatics Complex and other Water Parks)

Beginner (Wading Pool) _____

Intermediate (Wave pool & Small slides) _____

Advanced (All slides) _____

My Child is comfortable in deep water Yes No

My Child can go off diving boards Yes No

Child's Swimming Ability:
(For City of Roseville's Johnson Pool)

Beginner (Able to swim independently on front for 15 feet) _____

Intermediate (Able to swim front crawl 15 yards) _____

Advanced (Able to swim front crawl 25+ yards) _____

Parent Signature _____ Date _____

Sunscreen

Any sunscreen brought and used at camp must be supplied by the child's parent or legal guardian and must be labeled with the child's name in an effort to reduce exposure to allergens. By signing below, you give the City of Roseville and its Parks and Recreation Department staff permission to assist with application of sunscreen but recognize that the City and its staff will not be responsible for ensuring that participants are not exposed to the sun.

My Child will be provided with sunscreen Yes No

My Child will require assistance applying sunscreen Yes No

Parent Signature _____ Date _____

Medical Information and Health History

NOTE: The purpose of this section of the City's form is to authorize adult employees of the Roseville Parks and Recreation Department to obtain medical, surgical, or dental aid for your child should the need arise. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

As the parent, agency representative, or legal guardian, I hereby give consent to provide all emergency dental or medical care prescribed by a duly licensed physician (M.D) or dentist (D.D.S) for (child)_____. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Physician's Name _____ Telephone _____
Insurance Carrier _____ ID _____

Dentist's Name _____ Telephone _____
Insurance Carrier _____ ID _____

Date of Last Tetanus Shot ___/___/___

Allergies: Hay Fever _____ Poison Ivy _____ Insect Stings _____ Foods _____ Drugs _____

Identify/Other _____

NOTE: If City program hours include meal times (including but not limited to snacks and lunch), and your child has food allergies, the child's parent or legal guardian must provide meals for the child to bring to the program to prevent exposure to food allergens. The City of Roseville and its Parks and Recreation Department staff will not be responsible for ensuring that participants are not exposed to food allergens. _____ (*Initials of parent or legal guardian*)

Chronic or Recurring Illness:

Is your child taking any medications? Yes _____ No _____ If yes, which medications?

Consent for Medical Treatment

CITY OF ROSEVILLE, AUTHORIZATION BY PARENT OR GUARDIAN TO ADULT PERSON TO CONSENT TO MEDICAL, SURGICAL, HOSPITAL AND DENTAL CARE TO MINOR.

THE UNDERSIGNED, who is the parent having legal custody, or the legal guardian of _____ hereby authorizes any adult staff member of THE PARKS AND RECREATION DEPARTMENT of the City of Roseville, into whose care the above named minor child has been entrusted, to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician or licensed under the provisions of the Medical Practice Act, or to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act. It is understood that the City of Roseville neither assumes nor admits to any liability for payment of any medical or related services, including ambulance fees, rendered pursuant to this authorization. This authorization is given in consideration of participation of the named minor child in a program or programs conducted by the Parks and Recreation Department.

Parent / Legal Guardian Signature: _____

Date: _____

Administration of Medication

NOTE:

- All medication should be administered to children by the parent or legal guardian outside of program hours, to the extent possible.
- If it is necessary for your child to take any medication during program hours, the form entitled "Consent for Administration of Medication and Medication Chart" shall be completed by the child's parent or legal guardian and the child's physician, and delivered to City Parks and Recreation staff on the first day of the program or prior to any administration of medication by City staff.
- Administration or facilitation of nebulizers/inhalers, epinephrine and blood glucose testing requires the completion of additional forms by the child's parent or legal guardian and the child's physician.
- Please note that directions must be specific. All medication must be in the original prescription bottle/packaging, delivered directly by the parent/legal guardian to the City of Roseville Parks and Recreation staff, and dosages must match the dosage identified on the prescription bottle/packaging and the information provided by the child's physician on the completed forms.
- Medications will not be administered by City of Roseville Parks and Recreation staff absent strict adherence to the foregoing.
- The City of Roseville and its Parks and Recreation Department staff will not be responsible for any claims, losses, action, damages, personal injury (including death), costs and expenses (including attorneys' fees), and liability of any kind or nature (collectively "CLAIMS") directly or indirectly arising out of the City's administration and/or facilitation of medication to program participants.

Program Waiver

In consideration of the permission by the City of Roseville (CITY) to accept the below named participants in the class/activity listed above, sponsored by the CITY, the undersigned hereby releases the CITY from, and waives and relinquishes any claim, liability, cause of action, damages, or costs for personal injury or property damage arising as a result of participation in or receiving instructions from the CITY regarding said activity, excepting for such personal injury or property damage as may arise directly out of the active negligence of the CITY, its officers, agents or employees. The undersigned acknowledges that he/she has been fully advised of the risks and potential dangers incidental to engaging in the activity for which this registration was submitted, and voluntarily and knowingly assumes the risks of engaging in the activity.

NOTE: By signing this agreement, you are agreeing to relieve the City of liability for personal injury, wrongful death or property damage except as may be caused by the active negligence of the CITY. The City of Roseville Parks, Recreation, and Libraries staff reserves the right to photograph or videotape facilities, activities and program participants for potential future use. By signing this agreement, you are also agreeing to release any and all photo or video rights you may have. All photos and videos will remain the property of the City of Roseville.

Photo/Video Waiver: I understand that the City of Roseville (City) staff reserves the right to photograph and/or record facilities, activities and program participants for potential future use. I hereby grant permission to the City to use my or my participant's photograph and/or audio/video recording for any lawful purpose, including for example such purposes as print and online advertising. I understand that I will not be paid or receive anything related to the City's use of my/my participant's photograph and/or recording. I understand that all photographs and recordings will remain the property of the City and I acknowledge the City's right to alter or edit any photographs and/or recordings at its discretion. I agree to release the City from any and all legal claims I or a third party may have arising from the use of my/my participant's photograph and/or audio/video recording.

Participant: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____