

"Boredom Buster Summer Day Trips" Participant Registration Information

Participant Information:

NAME: LAST _____ FIRST _____ M.I. _____

ADDRESS: _____

CITY: _____ ZIP: _____

SEX: _____ DATE OF BIRTH: _____ AGE: _____

How would you rate your child's swimming level on a scale from 1 (beginner) – 10 (very skilled): _____

COMPLETED GRADE: _____ E-Mail Address: _____

PARENT/GUARDIAN'S NAME(s): _____

CELL PHONE: _____ WORK PHONE: _____

EMERGENCY CONTACT: (other than a parent) _____

RELATIONSHIP TO PARTICIPANT: _____ PHONE: _____

DOCTOR'S NAME: _____ PHONE: _____

MEDICAL INFORMATION

Please provide specific information for any medical conditions of which we should be aware. Example: Asthma, Allergies, Diabetes, ADD, ADHD, Head Injuries, Moderate Mental Retardation, Motion Sickness, Down Syndrome, Hearing Impaired, Learning Disabilities, Visual Impairment, etc. **Please list any such conditions:** _____

Please explain the condition and what we can do to best assist your child to have a pleasurable trip experience:

Does participant have or has had a history of seizures? Yes _____ No _____

If yes, what kind? (Grand Mal, Petit Mal, other and describe behavior after the seizure)

Date of last seizure: _____ Conditions or circumstances that may trigger a seizure:

MEDICATIONS: Please identify type, dosage and time of all medications participant is currently taking:

Name of Medication: _____ Treatment for: _____

Dosage: _____ Time: _____

Name of Medication: _____ Treatment for: _____

Dosage: _____ Time: _____

Name of Medication: _____ Treatment for: _____

Dosage: _____ Time: _____

PARENT OR GUARDIAN'S CONSENT

As a member of the Williamson County Parks and Recreation Department's Summer Day Trips Program, my child _____ (name of participant) is in good health and has my permission to participate in the Program and other related recreational activities. I understand the increased risk to my minor by participating in the activities of the Summer Day Trips Program including, but not limited to, serious injury. I understand that by signing this form, that the Summer Day Trips program and the activities of the program are sponsored by Williamson County Parks and Recreation and that I will be fully responsible for ensuring my child fully complies with all rules and regulations of the Williamson County Parks and Recreation Department, Williamson County Government, and all other applicable rules concerning my child's participation in the Summer Day Trips program so that discipline and safety standards set by Williamson County Parks and Recreation can be maintained. I hereby give and consent that my child, while a registered patron and participant in the Summer Day Trips program, has my permission to participate in all on and off site recreational activities.

PARTICIPANT LIABILITY AND WAIVER

I/We, the undersigned, consent for my/our minor child, _____, (name) to participate in recreational activities sponsored by the Williamson County Parks and Recreation Department (WCPRD). My signature below verifies my permission for my child to be transported to and from activities in WCPRD vehicles by WCPRD personnel and/or by Williamson County School busses by Williamson County school bus drivers.

I/We, do hereby release, acquit and discharge, Williamson County Government, WCPRD and Williamson County Schools, its agents and employees, from any and all claims and demands, actions and causes of action, damages, costs, loss of services, expenses and compensation, on account of or in any way occurring out of any personal injuries suffered by my/our minor child and property damage resulting from my/our minor child's participation in the programs and activities of the WCPRD. I understand that no health or accident insurance is provided by the County for my minor child or any other participant and in case of emergency, my minor child may be taken to a physician or hospital at my expense.

I/We, further promise to bind myself/ourselves jointly and severally, my/our heirs, administrators and executors, to repay Williamson County Government, WCPRD, its agents and employees any and all sums of money that Williamson County Government, WCPRD, its agents and employees may be compelled to pay or on behalf of said minor child because of any personal injuries suffered while participating in said programs.

As a parent or legal guardian of this participant of the Summer Day Trips Program, I agree to be responsible for all fees associated with the program. I understand that should the WCPRD have to bring suit to collect any amounts due, I will be responsible for the court costs and reasonable attorney's fees related to such action.

Signature of Parent/Guardian

Date

If anyone other than a parent or guardian will have permission to drop off or pick up your child from this Summer Day Trips activity, please list them below:

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____