PORTLAND PARKS & RECREATION
www.portlandparks.org

PARTICIPANT LAST NAME: _____

Southwest Community Center

Skate Program Emergency Information

*So we can keep the most updated & accurate information on your child, we ask you to fill-out a new form in June of every year.

CONTACT INFORMATION

Child's Name: _____ **Date of Birth:** _____ **Gender:** ___

Parent/Guardian Name(s): _____

Camper's Address: _____ **City:** _____ **ST:** _____ **Zip:** _____

Day Time Phone: _____ **Evening Phone:** _____ **Cell Phone:** _____

Pager #: _____ **Other #:** _____ **Other #:** _____

If we CAN NOT REACH YOU, list in order of whom to call in case of an EMERGENCY?

Name: _____ **Phone:** _____ **Relation:** _____

Name: _____ **Phone:** _____ **Relation:** _____

PEOPLE ALLOWED TO PICK-UP YOUR CHILD

❑ My child has my permission to check themselves in and out of skateboard classes and clinics. Initials: _____

Name: _____ Relationship:_____ Phone: _____

Name: _____ Relationship:_____ Phone: _____

Name: _____ Relationship:_____ Phone: _____

**If someone else is picking-up your child who isn't on this form, write a note & give to camp staff with their name, phone number & relationship to child.*

HEALTH & MEDICAL INFORMATION (Please check ALL that apply)

ψ Asthma/Respiratory Condition ψ Attention Deficit Disorder ψ Hearing Impaired/Deaf

ψ Developmentally Delayed ψ Diabetes ψ Unusual Bleeding

ψ Seizures, Type & Frequency _____ ψ Sun Burns Easily

ψ Bee Sting Allergy:_____ Reaction:_____

ψ Pollen or Food Allergies: _____ Reaction: _____

ψ Medication Allergies: _____ Reaction: _____

Does the Participant have a disability requiring any accommodations? ψ Yes ψ No

If yes, please explain:_____

If yes, have you contacted the Portland Parks & Recreation Inclusion Specialist at (503) 823-4328. ψ Yes ψ No

**If your child is taking medication, please complete the Medication Dispensing Information form on first day of each camp session.*

SWIMMING (*CAMP ONLY*) – For your child's safety & security, we require the following information.

Can your child independently swim the length of the lap pool (25 yards)? ψ Yes ψ No

If "YES", your child will be required to do a swim test on the first day they attend camps. If "NO", your child will be placed in a life jacket.

Do you feel your child can handle him/herself in water deeper than his/her height? ψ Yes ψ No

If "NO", your child will be required to wear a life jacket.

Does your child need to wear a life jacket when going down the slide? ψ Yes ψ No

If "YES", your child will be put in a life jacket for the entire swim time.

***Participants under 48 inches are required to wear an orange wristband. Participants must pass a 'swim check' with a lifeguard to be in pool without a lifejacket (successfully swim the length of lap pool without support from the wall or floor).**

MEDICAL EMERGENCY WAIVER: In participating in programs at the Southwest Community Center, sponsored by Portland Parks and Recreation, I hereby acknowledge that I understand there are risks of accidents, resulting in bodily harm to my child, arising out of those activities. I hereby acknowledge that my child has the physical capacity reasonably necessary to engage in each activity for which I have enrolled him/her. However, I do hereby waive all claims, which I might have against the City of Portland, or any of its officers, agents or employees by reason of bodily injuries that my child might suffer arising out of his/her participation. In case of emergency, accident or illness, I give my permission to have my child treated by a professional medical person, transported by medical staff and admitted to a hospital if necessary. I agree to be the party responsible for all medical expenses incurred in my child's behalf.

FIELD TRIP WAIVER: I also give permission for the above named child to participate in supervised neighborhood walks & off-site field trips with the Southwest Community Center staff. I understand for off-site field trips, my child will be transported in chartered school buses or in City of Portland vehicles.

_____ _____

Parent/Guardian Signature **Today's Date**

Top Copy: Supervisor **Middle Copy:** Camp Director **Bottom Copy:** Parent