PORTLAND PARKS & RECREATION

Healthy Parks, Healthy Portland

Sellwood Community Center
After School Program Information Sheet

Participants Name:_____ Nickname:_____

Date of Birth:_____ Age:_____ Male:_____ Female_____ T-Shirt Size:_____

Address:_____ City:_____ Zip Code:_____

Parent or Guardian:_____ Parent or Guardian:_____

Daytime Phone Number:_____ Daytime Phone Number: _____

Portland Parks Account Phone #:_____ Email: _____

Has your child been diagnosed with any medical conditions or allergies:_____

_____

_____

_____

Will your child need to be given any medication during the program:_____
(A medication permission form will need to be completed and turned in.)

Will your child need any accommodations while attending the program: _____

_____

_____

_____

Please provide any information that would be helpful in regards to your child's behavior:_____

_____

_____

_____

_____

In participating in youth programs at Sellwood Community Center, sponsored by Portland Parks, & 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 that 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 and be admitted to a hospital if necessary. I agree to be the party responsible for all medical expenses that are incurred in my child's behalf.

_____ _____

Parent/Guardian Signature Date

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Sellwood Community Center
After School Program Pick Up List

The information on this form must match the individuals photo I.D.

Name:_____

Phone Number:_____

Name:_____

Phone Number:_____

Name:_____

Phone Number:_____

Name:_____

Phone Number:_____

Name:_____

Phone Number:_____

Name:_____

Phone Number:_____

Name:_____

Phone Number:_____

Name:_____

Phone Number:_____

_____ _____

Parent/Guardian Signature Date

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Participant Information Sheet

This form is intended to be completed by the after school program participant

Name: _____

Nickname: _____

Birthday: _____

Favorite Color: _____

Favorite Game: _____

Favorite Book: _____

Favorite Movie: _____

Pets: _____

Siblings: _____

What do you like to do the most?: _____

_____