

2017 After-Care Form & Medical Release - Nature Day Camp

First Name(s) of child(ren) _____

Camp Location: _____ Week of _____

After-care is from 3:30-5:30pm. Snack will be served around 3:45pm.

Please make sure we know about any food allergies or dietary restrictions below!

Children must be picked up by 5:30pm. After that time, you will be charged \$1/min.

My child will be in After Care on the following days:

<input type="checkbox"/> MONDAY	Date: _____	Approximate pick up time: _____
<input type="checkbox"/> TUESDAY	Date: _____	Approximate pick up time: _____
<input type="checkbox"/> WEDNESDAY	Date: _____	Approximate pick up time: _____
<input type="checkbox"/> THURSDAY	Date: _____	Approximate pick up time: _____
<input type="checkbox"/> FRIDAY	Date: _____	Approximate pick up time: _____

Participant Information (Use one form if you have multiple children in after-care!)

Child's First and Last Name _____ Date of Birth ___ / ___ / _____

Food allergies or sensitivities _____

Child's First and Last Name _____ Date of Birth ___ / ___ / _____

Food allergies or sensitivities _____

Parent/Guardian Name(s) _____

Best phone to call between 3:30-5:30pm _____ Does it receive texts? YES NO

In an emergency, parents are always called first. If we are unable to reach parents/guardians in case of an emergency, who should we call? (Please list someone local)

Name _____ Relationship _____ Phone _____

Medical Emergency Waiver

In participating in programs sponsored by Portland Parks and Recreation, I hereby acknowledge that I am the legal guardian for the above named participant. I understand there are risks of accidents, resulting in bodily harm to my child named above, 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 them. 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 or death, that my child might suffer arising out of their participation whether or not caused by the City's negligence. 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, and loss of personal property, incurred in my child's behalf. There are significant elements of risk in any adventure, outing, or activity associated with outdoor recreation, urban tours, and transportation between these events. Outdoor activities and transportation to and from pose certain inherent risks. I agree to assume the risks of the event listed below, including but not limited to the possibility of death by physical injury or drowning, loss of limbs, broken bones, internal injuries, head injuries, cuts, bruises, sprains, insect bites, allergic reactions and illness. Furthermore, I assume the risk of being lost, exposure to extreme temperatures, limited food, water and shelter and the possibility of serious mental or emotional trauma as a result of any or all of the above inherent risks.

Signature of Parent or Guardian _____ Date _____



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