



Jr. LEADER LAST NAME: _____
DATE/YEAR FORM COMPLETED: _____

Portland Parks & Recreation Jr. Leader Emergency Information & Field Trip Form 2018

*So we can keep the most updated & accurate information, we ask you to fill-out a new form every summer.

CONTACT INFORMATION

Jr. Leader's Name: _____ Date of Birth: _____ Gender: _____

Address: _____ City: _____ ST: _____ Zip: _____

Parent/Guardian Name: _____ Day Phone: _____

Evening Phone: _____ Cell: _____ Other #: _____

Parent/Guardian Name: _____ Day Phone: _____

Parent Email: _____

Evening Phone: _____ Cell: _____ Other #: _____

If we CAN NOT REACH a parent/guardian, list in order of whom to call in case of an EMERGENCY?

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

TRANSPORTATION INFORMATION

How will the Jr. Leader be traveling to and from the training? Walking / Bike Bus Parent

How will the Jr. Leader be traveling to and from volunteer sites? Walking / Bike Bus Parent

*In the event that a Jr. Leader can not make it to a day of training or volunteer site, please call to let the trainer or site supervisor know.

HEALTH & MEDICAL INFORMATION (Please check ALL that apply)

Asthma/Respiratory Condition Attention Deficit Disorder Hearing Impaired/Deaf

Developmentally Delayed Diabetes Unusual Bleeding

Seizures, Type & Frequency _____ Sun Burns Easily

Bee Sting Allergy: _____ Reaction: _____

Pollen or Food Allergies: _____ Reaction: _____

Medication Allergies: _____ Reaction: _____

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

If yes, please explain: _____

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

SWIMMING INFORMATION

Has the Jr. Leader taken swim lessons? No Yes If yes, what level? _____

Does the Jr. Leader feel comfortable in water deeper than his/her height? Yes No

Would the Jr. Leader prefer to wear a life jacket when in the pool? Yes No

MEDICAL EMERGENCY WAIVER: In participating in programs 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 which 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 Jr. Leader program. I understand for off-site field trips, my child will be transported in chartered school buses or in City of Portland 15 passenger vans.

Parent/Guardian Signature

Today's Date