



## CONTACT INFORMATION

Participant's Name: \_\_\_\_\_ School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Student's Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent/Guardian Email: \_\_\_\_\_

**In Case of an Emergency, please list names and numbers of persons we can contact, OTHER than parents.**

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Relation: \_\_\_\_\_  Authorized to Pickup

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Relation: \_\_\_\_\_  Authorized to Pickup

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Relation: \_\_\_\_\_  Authorized to Pickup

## HEALTH & MEDICAL INFORMATION (Please check ALL that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Asthma/Respiratory Condition      | <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Hearing Impaired/Deaf |
| <input type="checkbox"/> Developmentally Delayed           | <input type="checkbox"/> Diabetes                   | <input type="checkbox"/> Unusual Bleeding      |
| <input type="checkbox"/> Seizures, Type & Frequency _____  |   |  |
| <input type="checkbox"/> Bee Sting Allergy: _____          |   | Reaction: _____                                |
| <input type="checkbox"/> Food Allergies: _____             |   | Reaction: _____                                |
| <input type="checkbox"/> Medication Allergies: _____       |   | Reaction: _____                                |
| <input type="checkbox"/> Other: _____                      |   |  |
| <input type="checkbox"/> Medication on a daily basis _____ | Type: _____   |  |

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?  Yes  No

## CAMPER BEHAVIOR

When your child gets frustrated or upset, how do they typically display their anger?

- Isolates him/herself from the group  Yells  Hits  Becomes Sullen

Other: \_\_\_\_\_

What is the best way to calm down your child when they get frustrated or upset? What do they respond to?

\_\_\_\_\_

Is there any other information that would be helpful for us to know in order for your child to have a successful camp experience? \_\_\_\_\_

## FIELD TRIP, PARTICIPATION PERMISSION AND LIABILITY RELEASE

By signing below, I give my permission for my child to participate in neighborhood walks and supervised field trips associated with the program that I have registered my child for. Further, in participating in Portland Parks & Recreation programs 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 and admitted to a hospital if necessary. I agree to be the party responsible for all medical expenses, which are incurred in my child's behalf.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Today's Date