

VANDALIA PARKS AND RECREATION DEPARTMENT

I, the undersigned, hereby agree for my child to participate in any Vandalia Parks & Recreation Program for 2016 under the rules and regulations of the Vandalia Parks and Recreation Department. I further certify that all information given below is true and correct. In consideration of the City of Vandalia accepting my child's registration, I hereby, for myself and my child release, waive and relinquish all claims of action resulting from physical injuries my child may have as a result of participating in this City of Vandalia program.

PARTICIPANT NAME: _____ AGE: _____

ADDRESS: _____

PHONE: _____

EMERGENCY CONTACT NAME & PHONE: _____

ANY ALLERGIES THE STAFF SHOULD BE AWARE OF: _____

ANY OTHER MEDICAL PROBLEMS THE STAFF SHOULD BE AWARE OF: _____

HOW WELL CAN YOUR CHILD SWIM? (PLEASE CIRCLE ONE)

NOT AT ALL BEGINNER INTERMEDIATE ADVANCED

If for some reason, medical attention becomes necessary due to illness or injury, I _____ agree to allow _____ to be treated by trained medical personnel.

I do not give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the authorities to take no action or to: _____

PARENT/GUARDIAN

DATE