



Child "Camper" Information Form

City of Mercer Island Parks and Recreation Department

**Please complete this form prior to the first day of camp and mail to 2040 84th Ave SE
Mercer Island, WA 98040. Or email form to miparks.net
*One form per child okay as long as all classes/ camps are listed.***

Camper Information (please print or type).

Class/Camp (list all):			
Child's Name:			
D.O.B/Age/Gender			
Address/City/State:			
Telephone: (home)		Mobile phone:	
Mother's Name:		Employer & Phone	
Father's Name:		Employer & Phone	
Alternate Legal Guardian:		Address/Phone	

Emergency Contacts

Name:		Phone & Relationship	
Name:		Phone & Relationship	

Physician Information

Child's Physician:		Phone	
Medical Insurance Company:			

Medical Information

Please list Child's medical history/cautions, medical/special needs (medication, allergies, physical or mental disability, behavior disorders, attention disorders, others):

Authorized Alternate Child Pick-up (list all including parent(s) authorized to pick up)

Name	Address/Phone	Relationship

-See Reverse Side-

Please list any persons including parent(s) who are not authorized to pick up your child.

A court order must be on file in order to authorize the enforcement of this restriction.

Name	Address/Phone	Relationship

INSURANCE

It is the responsibility of every individual, their parent or legal guardian to provide for their own accident and health coverage while participating in all City of Mercer Island Recreational activities

PHOTOGRAPHY, VIDEO AND PROMOTIONAL RELEASE

I do hereby authorized and Release the City of Mercer Island to take and use photographs, video and written comments of or by my child for promotional and informational materials. Further I agree to release and discharge the City of Mercer Island from any and all liability in connection with the use of such photographs, video and written comments of or by my child.

AUTHORIZATION

Participation: I give permission for my child to participate in all activities, field trips, swimming and to be transported as authorized by the City of Mercer Island Recreation Department.

Medical Treatment: I hereby give permission that my child may be given emergency treatment by a qualified staff member of the Recreation Department. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

In the event I cannot be contacted, I further consent to the medical, surgical and hospital care, treatment, and procedures to be performed for my child by licensed physician or hospital selected by the Recreation Coordinator when deemed immediately necessary or advisable by the physician to safeguard my child's health.

WAIVER OF LIABILITY

It is important to me (us) that this child be allowed to participate in Mercer Island Parks and Recreation Activities. I (we) understand there are special dangers and risks inherent in this activity, including but not limited to, the risk of serious physical injury, death or other harmful consequences which may arise directly or indirectly from the child's participation in this activity. Being fully informed as to these risks and in consideration of the City's allowing my child to participate in this sponsored activity and/or use of City facilities I (we), on behalf of myself (ourselves) and on behalf of the above-named participant child, assume all risk of injury, damage and harm to the child which may arise from the child's participation in the activities or use of City facilities. I (we) further agree, individually and on behalf of the above-named child, to release and hold harmless the City of Mercer Island, its officials, employees and agents and agree to waive any right of recovery that I (we) may have to bring a claim or lawsuit for damages against them for any personal injury, death or other harmful consequences occurring to the above-named child or me arising out of the Child's voluntary participation in this activity. I (we) grant my(our) full and voluntary consent for the above-named child to participate in the activity described above.

I have read and understand the above.

Signature of Parent or Guardian:

Date:

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