



Location: _____

First Date of Camp- _____

Last Date of Camp: _____

City of Bellevue Parks & Community Services Department Child Information Form/Disaster Release Form

CHILD'S NAME: _____
one form per participant Last First Age

Name of Camp(s) _____

ALLERGIES: YES NO Explain: _____

Other Medical, Behavioral and/or Family issues:

Please list any medical, behavioral and/or family circumstances we should be aware of so that we can better care for your child. _____

PARENT/GUARDIAN _____

PARENT/GUARDIAN _____

Home address: _____

Home address: _____

Telephone: _____
Home

Telephone: _____
Home

Telephone: _____
Work

Telephone: _____
Work

Cell: _____

Cell: _____

Email: _____

Email: _____

WAIVER OF LIABILITY/RELEASE – PLEASE READ CAREFULLY

In consideration of myself and/or my child(ren) being allowed to use City of Bellevue Parks & Community Services facilities and/or participate in the City-sponsored activity(ies) identified herein, **I ASSUME ANY AND ALL RISKS, INCLUDING RISK OF INJURY OR DEATH**, associated with my or my child(ren)'s use of said facilities and/or participation in said activities. I further agree on behalf of myself, my heirs, executors, assigns, and personal representatives, to waive and **RELEASE** any and all rights and claims for damages, including attorney fees, I now, or may hereafter have, whether known or unknown, against the City of Bellevue and its officials, employees, and agents for any injuries suffered by me or my child(ren) in connection with the use of City facilities or participation in the City-sponsored activity(ies) identified herein. I acknowledge that I have carefully read this **WAIVER OF LIABILITY** and fully understand that I am waiving any right that I may have to bring a legal action or to assert a claim against the City of Bellevue in connection with the use of City facilities or participation in the City-sponsored activity stated below.

PHOTO/VIDEO RELEASE: I give my permission to have photos and/or video and audio recordings taken of me or my child(ren) during City of Bellevue activities and authorize the City of Bellevue to copyright, use, and publish the same. I understand I am waiving any right of privacy, compensation, copyright or other ownership right connected to the photo or recording. If you do not give permission to have photos and/or video and audio taken of you or your child(ren), please contact the main office at 425-452-6885 or Parksweb@bellevuewa.gov.

I acknowledge that I have carefully read this WAIVER OF LIABILITY / RELEASE and fully understand that I am waiving any right that I may now or hereafter have to bring a legal action to assert any claim against the City of Bellevue in connection with my or my child(ren)'s participation in this activity.

I accept the conditions printed above:

Participant or Participant's Parent/Guardian Signature

Date

Printed Participant Name

FIELD TRIP PERMISSION SLIP-When Applicable

I hereby give my permission for my child to attend all field trips. I understand that transportation will be provided by Bellevue School District buses, City of Bellevue vehicles, or charter buses.

SWIMMING ABILITY: None Beginner Intermediate Advanced

SUNSCREEN AUTHORIZATION

I give my permission to City of Bellevue staff to apply sunscreen to my child, which may be applied as a lotion, spray-on, roll-on, or towelette. I further agree not to hold the City of Bellevue, its officials, employees, or agents liable for any injuries or damage caused by an adverse reaction my child may have to the application of sunscreen.

CONSENT TO MEDICAL CARE AND TREATMENT OF A MINOR

I authorize all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a health care provider or hospital for my child if I cannot be reached in case of an emergency. My consent includes, but is not limited to, administration of anesthetics, medical treatment, tests, or x-ray examinations, transfusions, injections or drugs and the performing of whatever diagnostic procedures and/or surgical operations may be deemed necessary or advisable. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care. This authorization shall remain in effect until revoked in writing, with notice to the treating physician and hospital.

By Signing Below, I agree to the Field Trip, Sunscreen Authorization, and Consent to Medical Care and Treatment of Minor listed above:

Signature of Parent/Guardian _____
Date

EMERGENCY CONTACT/AUTHORIZED ALTERNATE PICK-UP PEOPLE

Persons, other than parents, allowed to pick up your child. I hereby give my permission for my child(ren) to be picked up, or contacted, by the following people:

	Contact Name	Cell Phone	Work Phone	Home Phone
1				
2				
3				

In the event of an emergency, registered participants under the age of 18 will not be allowed to walk home unattended or leave the program, class or activity with non-authorized adults. Authorization for releasing a participant must be made in writing by a parent or legal guardian.

Please list a friend or family member, who lives out of state that we can call with information in case local telephone service is interrupted.

Contact Name	Relationship to child	Cell Phone	Work Phone

For City Use Only-Catastrophic Event Release Information

The participant was released to: _____ By: _____

Date: _____ Time: _____ (AM) (PM) Destination: _____

Photo identification: _____

Signature of Parent, Guardian or Authorized Designee: _____

Permission to release given by: _____ Relationship to family: _____

Relayed in what form: Phone, Fax, Email, Other: (document conversation) _____