

Riverside Parks & Recreation			Household Email Address (es):		
Emergency Form			_____		
Participants Name:			Select Days Attending		
			<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> May vary		
Address:					
Birthdate:	Age:	Grade:	<input type="checkbox"/> Male <input type="checkbox"/> Female	School	
Mother/Legal Guardian:					
Address (if different):					
Home Phone:			Cell Phone:		
Work Phone:			Work Address/City:		
Father/Legal Guardian:					
Address (if different):					
Home Phone:			Cell Phone:		
Work Phone:			Work Address/City:		
Parents are <input type="checkbox"/> living together <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> other:					
Fears/phobias? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:			Medical conditions/limitations? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:		
Does your child have allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:			Is your child on medications? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:		
Dietary restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:			Is there medication required during the program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are your child's immunizations including tetanus shot up to date: <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:			Can your child swim? <input type="checkbox"/> Yes (No Limitations) Permits child to take swim test with us, must pass for eligibility for no limitations. <input type="checkbox"/> No <i>Please note there is no "kind of."</i>		

Participants Name	
EMERGENCY NUMBERS AND TRANSPORTATION AUTHORIZATION	
How will your child be transported to the program? <input type="checkbox"/> Walk/Bike <input type="checkbox"/> Public Transportation <input type="checkbox"/> Car	
Please list those authorized to transport your child to and from the Riverside Parks & Recreation Department. In the event that someone who does not usually transport your child should arrive for pick-up, they will be requested to produce ID before the child will be released. The individuals listed below will also be contacted in the event of an emergency or illness if we are unable to reach you.	
Name:	
Relation:	Phone:
Name:	
Relation:	Phone:
Name:	
Relation:	Phone:
Name:	
Relation:	Phone:
Signature of Parent/Legal Guardian	Date
EMERGENCY CARE AUTHORIZATION	
In the event of any emergency, I hereby authorize Riverside Parks & Recreation Department to secure from any licensed hospital, physician, or medical personnel any treatment deemed necessary for my child's/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.	
I also, authorize staff to administer CPR & First Aid for which they are trained. In case of an accident or health emergency, paramedics will be called. Every effort will be made to contact parents or guardians immediately.	
Signature of Parent/Legal Guardian	Date
AUTHORIZATION TO PARTICIPATE IN ALL ACTIVITIES	
My child has my permission to participate in all activities at the Riverside Parks and Recreation Department facilities. All activities will be scheduled on a daily basis, weather permitting. I understand that my child will be supervised and the safety rules will be enforced. In addition, I understand that any photos or video taken by Village of Riverside employees during Village of Riverside programs/activities become property of the Village of Riverside and may be used for marketing purposes.	
Signature of Parent/Legal Guardian	Date