

HEALTH INFORMATION

Age: _____

Child's Name: _____ Birth Date: _____

Parents or Guardians: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Work Name: _____

Work Phone: _____ ext. _____

Emergency Contact: _____ Phone: _____

HEALTH HISTORY

What contagious disease, if any, has your son/daughter been exposed to within the last three weeks? _____

Is your child allergic to: Bee Stings _____ Penicillin _____ Other: _____

Is there any food or drink which when ingested makes your child sick or causes a reaction?

Has your child had a Tetanus Shot? _____ If so, when? _____

Any conditions or circumstances we should be aware of? _____

In case of an emergency, I hereby give permission to the Warrensburg Youth Commission to secure proper medical treatment for the above child. Every effort will be made to contact the parents in case of an emergency.

Signature: _____ Date: _____

WAIVER OF PHYSICAL DAMAGE OR INJURY

In consideration of accepting this activity I, the undersigned individual do hereby release and hold harmless the Town of Warrensburg, its elected or appointed officials, employees and volunteers from any and all claims, lawsuits, or loss resulting from the bodily injury or property damage as a result in my participation in connection with the activity of the Summer Recreation Sports and/or Arts & Crafts Program. I also attest and verify that I am physically fit and capable of said activity and understand that this activity could be hazardous.

(Participant Signature)

(Parent Signature – For Minors Age 18 and Under)