

Wilder Recreation Department

Name of Child: _____ Date of Birth: _____ Age _____

Address: _____

Parents' / Guardians' Name: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Information: (used if parent is unreachable)

First: _____

Second: _____

Name _____

Name _____

Home Phone _____

Home Phone _____

Cell or Work _____

Cell or Work _____

Relationship to Child _____

Relationship to Child _____

Are there any medial or physical conditions that we should be aware of? _____

Do you give permission to us to include pictures of your child (taken during recreation activities) on the Wilder Recreation website, along with information about our program and pictures of other children?

Please circle one: YES or NO Parent initial _____

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I, _____, give the Wilder Recreation Department permission to obtain medical treatment for my child, _____, in the event that an emergency arises and I cannot be reached or notified immediately. I understand that the above phone numbers will be called before any emergency treatment is administered.

Parent Signature

Date Signed

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On behalf of _____, we the parents/guardians, by signing do hereby agree to assume sole responsibility as to any and all possible injuries that may arise, as a result of said child engaging in the various athletic and recreational activities conducted by the City of Wilder's Recreation Department. We also give the recreation staff permission to transport our child in the City of Wilder's bus and /or in their personal vehicles.

We, the undersigned, agree to hold the City of Wilder, its Recreation Department and staff, free from any liability, as a result of any injuries that may be sustained by our child, arising from the activities mentioned above.

Signature of Legal Parent/Guardian

Date