



# EMERGENCY FORM

**MAKE MULTIPLE COPIES • EACH CHILD • EACH CAMP • EXTENDED CARE • EVERY WEEK**

This form must be completed and signed by a parent/guardian for each participant prior to participating in any of our activities. Submit a completed form to the instructor on the first day of each camp. For questions, call (510) 494-4300 or email RegeRec@fremont.gov

## PARTICIPANT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Male  Female Birthdate: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Parent's Email Address: \_\_\_\_\_

Custodial Parent/Legal Guardian (if participant is a minor): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Participant's Medical Insurance Provider (Kaiser, Blue Shield, Blue Cross, Etc.): \_\_\_\_\_

### The following people are authorized to pick up my child (they may be called in case of emergency):

Name	Relationship to Child	Cell Phone	Home Phone	Work Phone

I am requesting to waive the sign-in/out requirement for my child. My child will be arriving and departing camp on his/her own. As this child's parent/legal guardian, I have deemed them physically and mentally responsible enough to transport themselves. I do not put any responsibility or liability on City staff to monitor the arrival and departure of my child. **PARENT SIGNATURE HERE:** \_\_\_\_\_

## MEDICAL CONDITIONS

Food Allergies  Skin/Sunscreen Allergies  Environmental Allergies  Other: \_\_\_\_\_

Please explain & list: \_\_\_\_\_



## OTHER INFORMATION

Understanding a child's background and special needs helps staff provide the best program experience for all participants, including your child. Please list any information that is important. (e.g. ADD, ADHD, Autism, learning disabilities, noise sensitivity, etc.):

## PHOTO RELEASE FOR ALL PARTICIPANTS



The Recreation Services Division may take and use photos/videos of participants for publicity and marketing purposes. Photos/videos of participants are used in the City's Recreation Guide, the City website, Social Media, other City media publications. I hereby grant the City of Fremont permission to use my, or my child's, likeness in any broadcast, telecast or print media free of charge. **PARENT SIGNATURE HERE:** \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_