

# **TRC Participant Information Form**

Please attach a photo for their files and return to:

Krista Stott

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[kstott@springfieldcityhall.com](mailto:kstott@springfieldcityhall.com)

413-787-7779

**Participant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Shirt Size:** \_\_\_\_\_ **Male** \_\_\_\_ **Female** \_\_\_\_

**Do any of the following apply?**

<b>Condition</b>	<b>Yes</b>	<b>No</b>	<b>Explain</b>
Autism Spectrum			
Developmental Delay / Learning Impairment			
Seizure Disorder			
Physical Disability			
Hearing Impairment			
Visual Impairment			
Heart Condition			
Asthma			
Diabetes			
ADHD / ADD			
Epi Pen			
Assisted Device (s)			

**Please list / describe any medical condition (s) of participant:**

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### **Emergency Contact Information**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

### **Medical Information**

**Is the participant on medication(s)?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Is participant self- medicating?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Please list all medications below:**

Name: \_\_\_\_\_ For: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Name: \_\_\_\_\_ For: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Name: \_\_\_\_\_ For: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Name: \_\_\_\_\_ For: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Name: \_\_\_\_\_ For: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

**List all known allergies:**

Food: \_\_\_\_\_

Environmental: \_\_\_\_\_

Medications: \_\_\_\_\_

Other: \_\_\_\_\_

## **Insurance Information**

**Primary Insurance:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

**Primary Doctor:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

## **Informational Questions**

Can participant have an alcoholic beverage? \_\_\_ Yes \_\_\_ No

Is the participant afraid of heights? \_\_\_ Yes \_\_\_ No

Can the participant ride on amusement park rides? \_\_\_ Yes \_\_\_ No

Can the participant swim? \_\_\_ Yes \_\_\_ No

Can the participant receive basic first aid for minor cuts/bruises if needed? \_\_\_ Yes \_\_\_ No

Can participant take over the counter medications? \_\_\_ Yes \_\_\_ No

Tylenol/Aspirin \_\_\_ Yes \_\_\_ No

Antacid \_\_\_ Yes \_\_\_ No

Is the participant continent? \_\_\_ Yes \_\_\_ No

If no, please explain?

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Can the participant go out of state? \_\_\_ Yes \_\_\_ No

Do you have access to a computer / internet? \_\_\_ Yes \_\_\_ No

**Please list any other information you feel is important for staff to know:**

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## Department of Parks, Buildings and Recreation Management

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*Recreation Division, Forest Park*

### Parent/Guardian/ Participant Permission

I/We the undersigned do hereby consent to my child's/client's participation in the voluntary recreation programs of the City of Springfield (hereinafter: The City) through its Department of Parks, Recreation, and Building Management (Recreation Department). I acknowledge that my child/client must follow all of the rules of the Recreation Department in order to participate. In the event that I cannot be reached in an emergency, I hereby authorize that medical/surgical treatment be administered to my child/client at my expense and I hereby waive and release the City of Springfield and its officials, employees and officers from any claims that arise out of a decision to authorize the aforementioned medical/surgical treatment, as well as claims arising out of any personal injury or property damage related in any way to my child's/client's participation in the program. I hereby indemnify and hold harmless the Board of Park Commissioners and Parents and Friends of Star, Inc. providing activities from claims of third parties arising out of the decision to authorize medical/surgical treatment, or my child's/client's participation in the program. I assume all risks and hazards incidental to and inherent in participation in this program.

I/We also agree to forever RELEASE the City, a municipal corporation of the Commonwealth of Massachusetts and all their employees, officers, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary recreation programs of the City and Friends of Star, Inc. ("the Releasees") from any and all claims, actions, rights of actions & causes of action, damages, costs, loss of services, expenses, compensation & attorney's fees that may have arisen in the past or may arise in the future, directly or indirectly, from known & unknown personal injuries to myself or my child or property damage resulting from my or my child's participation in said City's voluntary recreation programs which I/we may now or hereafter have as the participant or as the parent(s) or guardian(s) of said minor child and which said minor child has or hereafter may acquire, either before or after reaching majority.

I/We also promise to INDEMNIFY, REIMBURSE, DEFEND and HOLD HARMLESS the Releasees against any and all legal claims & proceedings or any description that may have been asserted in the past or may be asserted in the future, directly or indirectly, including damages, costs & attorney's fees, arising from personal injuries to me and/or my child or property damage resulting from my child's and/or my own participation in the City's voluntary recreation programs or administration of first aid.

I/We agree to all refund and cancellation policies issued by the Recreation Department.

I/We further affirm that I/We have read this Consent, Release from Liability and Indemnity Agreement and that I/we understand the contents of this Agreement.

I/we understand that my and/or my child's participation in these programs is voluntary and that my child and I/we are free to choose not to participate in said programs. By signing this agreement, I/we affirm that I/we have decided to allow myself and/or my child to participate in the City's recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage my child and/or I/we may suffer in voluntary City recreation programs. The Recreation Department reserves the right to charge the participant or the parent or guardian of a minor for costs incurred or charged for damages to supplies or property while participating in a program or event.

This release is good for all organizations and household participants for all programs/events/rentals with the City of Springfield Department of Parks, Recreation, and Building Management whether free or paid. Payment and/or participation will be considered consent to the Consent, Release & Indemnity Agreement.

My signature authorizes the Recreation Department to gather information required by our funders which will be used to apply for and report in grants the city receives. My signature also certifies that I have read and understood this disclaimer, and all the program rules and regulations.

I am aware that pictures of my child may be used for publicity purposes by the Recreation Division and I consent to the use of such pictures.

Choose One: Yes \_\_\_\_\_ No \_\_\_\_\_

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Participant Signature Date

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Parent/Guardian/ Caregiver Date