

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 class and/or camp.

PARTICIPANT INFORMATION

Child's First Name: _____ Child's 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

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 Environmental 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: _____