

DREW COMMUNITY CLUB

PARTICIPANT INFORMATION FORM

You must fill out all forms and bring it with you on the first day of the activity

General Information: (Please Print)

Participant Name: _____ Date of Birth: _____
Address: _____ City: _____ Zip: _____
Age: _____ Email Address (Participant): _____

Parent/Guardian: Name: _____ E-mail address: _____
Cell phone number: _____ Work phone number: _____

Individual(s) to be contacted in case of emergency (if different from parent/guardian):

Name: _____ Emergency Phone: _____
Authorized to Pick-Up? No Yes
Name: _____ Emergency Phone: _____
Authorized to Pick-Up? No Yes

Person (other than parent/emergency contact) authorized to drop off/pick up participant (must be 13 years or older):

Name: _____ Relationship: _____
Phone #1: _____ Phone #2: _____

Health issues and special accommodations:

Are there any health concerns that our staff should be aware of? (asthma, allergies, hypoglycemia, seizure disorder, etc.) No Yes (if yes, please specify) _____

What symptoms would your child exhibit? _____

Requested actions to be taken by staff: _____

Please indicate any of the following health problems or disability: (please check all that apply)

Deaf / hard of hearing Vision impairment
 Seizures Uses mobility aids (i.e. wheelchair, braces, etc.)
 Development disability (i.e. autism, intellectual, etc.)
 Other (i.e. behavioral / emotional disorder, etc.) _____

Please explain any specific health issues or accommodations needed to participate in program:

Inclusion Companion Deaf interpretive services
 Other (please specify) _____



P. O. x 6361, Arlington, VA 22206-0361 * (703) 486-0058
www.careinc19962@gmail.com

1. By registering for this program, I verify that my child's immunizations are up to date.
2. That there are inherent dangers in any recreational activity, program or camp.
3. That I must be aware of the hazards associated with each activity, such as use of equipment, slips and falls, personal level of fitness, training, and various athletic injuries.
4. The rules and regulations for each activity, as explained in any written materials and/or explained by staff.
5. That the possible consequences of participating in these activities include the possibility of serious injury.

I agree:

1. To obey the rules and regulations for each activity and to follow the directions of the volunteer staff.
2. To inform a staff member of any dangerous or potentially hazardous situation that I may observe.
3. That if I do not understand how an activity is performed or how a piece of equipment is to be used, I will ask a staff member prior to beginning that activity.
4. To inform a staff member if I have any problems meeting the physical requirements necessary for participation in any activities.

I am aware that while participating in a recreation activity or program arranged by the Drew Community Club, certain risks and dangers may be present, including but not limited to those generally associated with certain activities, the hazards of traveling the public highways, of accidents, of illness, and of those forces of nature.

I agree to indemnify and defend Drew Community Club, including participating organizations and volunteers, and hold all harmless from and against any and all claims, suits, damages, liabilities and expenses, including attorney's fees and the County's costs of defense, in connection with loss of life, personal or bodily injury and/or damage to or loss of property that arises from the

participation of _____ (NAME OF PARTICIPANTS) in Drew Community Club, except to the extent that such loss or damage is occasioned by the negligent act or omission of the county, its officers, agents or employees and no negligence on the part of the Participant.

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM.

I certify that I have read this document in its entirety and that I fully understand its content and that I am the participant's true parent or legal guardian and that I have the authority to sign this document.

Signature of Parent/Legal Guardian

DATE:



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