

**STUDENT INFORMATION**

Name		Age	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	Birthday	
Grade		School	
Address			
City		State	Zip Code

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian			
Home Phone		Cell Phone	
Parent/Guardian			
Home Phone		Cell Phone	

Note: If any of the above information changes, please notify City of Moraine staff immediately.

**EMERGENCY CONTACTS**

In the event the parents/ guardians cannot be reached: the school will call the people listed below. People listed should be individuals who can:

- 1) pick up your child from our program;
- 2) give permission to administer health care;
- 3) give advice about caring for your child.

Name		Relationship to Child	
Home Phone		Cell Phone	
Name		Relationship to Child	
Home Phone		Cell Phone	
Name		Relationship to Child	
Home Phone		Cell Phone	
Name		Relationship to Child	
Home Phone		Cell Phone	

*Please note all the above are subject to identification checks; please be prepared with ID. Your child WILL NOT be released, to anyone not included in the above listing, without a written statement from the custodial parent received before the time of pick up. Children may not sign themselves out of the program.*

**PHOTO RELEASE**

I give my permission for my child to be photographed for use in Moraine Parks and Recreation Advertisement and/ or Press Releases.

<input type="checkbox"/> I Do	<input type="checkbox"/> I Do Not
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**HEALTH INFORMATION**

Has or does the participant have asthma?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have any allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please identified allergies and describe allergic reaction:	
Does the child require an epi pin?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child currently taking any medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list medication currently prescribed or being taken by student along with the reason for taking.	
Please provide us with any additional information about child's behavior, physical and/or emotional health that we should be aware of:	

**RESTRICTIONS**

Does your child have any food restrictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food	<input type="checkbox"/> Pork <input type="checkbox"/> Dairy Products <input type="checkbox"/> Seafood <input type="checkbox"/> Other: _____
Activity	

As the parent/guardian, I give permission for my child to participate in this Moraine Parks and Recreation Program. I give permission for my child to participate in all program related activities.

I hereby authorize the City of Moraine and/or authorized representative or emergency medical personnel to furnish emergency services and/or secure emergency medical treatment (transport to a hospital and admission) for my child. I agree to be financially or otherwise responsible for this service. I release, discharge and agree to hold harmless the City of Moraine, its officers, employees, agents, and all others who could be held liable from any and all claims which in any manner arise from or as a direct result of this service.

I assume responsibility for any injury, loss or damage resulting directly or indirectly from participation in the above listed programs and will not institute any negligence or other claim against The City of Moraine, its agents, or any other person who could be held liable either in their individual or official capacities. I agree to hold the above named parties harmless from any liability for any personal or property injury. I hereby fully release and discharge The City of Moraine from any negligence or other claim for liability, loss or damage. I also agree to indemnify The City of Moraine or its agents for any personal injury or property claim resulting from my child's actions.

<input type="checkbox"/>	I understand that these activities are performed under this specific agreement. I have read and understand the foregoing and voluntarily sign this waiver with full knowledge of its significance.		
Parent's Name/ signature		Date	