



Child's Name: _____

Birth Date: _____ Male _____ Female

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ *Email: _____

*Cell Phone #: _____ Cell Phone Service Provider: _____

*Do you want to receive text messages regarding class/program changes, etc.? ___ yes ___ no

▪ Do you reside within the corporate limits of the City of Wooster? ___ yes ___ no

▪ Does an adult member of your household work within the corporate limits of the City of Wooster, thus paying City of Wooster income tax? ___ yes ___ no If yes, where? _____

Parent's Name: _____ Phone: _____

1st Emergency Contact: _____ Relationship: _____

Phone (day): _____ (eve.) _____

*2nd Emergency Contact: _____ Relationship: _____

*Phone (day): _____ (eve.) _____

Primary Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Medical Information (current conditions, medications, allergies, etc.): _____

Program Code(s)	
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____
7.	_____
8.	_____

Grade

School

Shirt Size (check one)
<input type="checkbox"/> Youth Small
<input type="checkbox"/> Youth Medium
<input type="checkbox"/> Youth Large
<input type="checkbox"/> Adult Small
<input type="checkbox"/> Adult Medium
<input type="checkbox"/> Adult Large
<input type="checkbox"/> Adult XLarge

All fields must be completed except those with an asterisk.

I: Authorization for Emergency Medical Treatment

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Signed: _____ Date: _____

II: Refusal of Emergency Medical Treatment (Do not complete if you completed part I.)

I DO NOT give my consent for emergency medical treatment in the event of illness or injury to my child while participating in programs sponsored and/or co-sponsored by the Wooster Recreation Division.

Signed: _____ Date: _____

Participation Waiver

I, _____, the parent of _____, a voluntary participant in this program(s) sponsored by the City of Wooster Recreation Division, am aware that there are certain risks of injury involved in any sport or recreational activity. Bearing this in mind, and with full knowledge of the physical capabilities or limitations of my child, I hereby agree to assume for my child such risk of injury. I further agree to indemnify and hold harmless the City of Wooster, the Wooster City Schools, their administrators, employees or agents against any claim for injury to persons or property which may result from my child's participation in this activity. Finally, I agree that my child shall abide by the rules and supervision of the Recreation Division.

Signed: _____ Date: _____