



Parks and Recreation Department Camp Do-It-All

Child(ren)'s name:

1. Name: _____ Age: _____

Special Needs: _____

Medications administered at camp*: _____

Allergies/Food Allergies: _____

Swimming ability: Cannot swim Weak swimmer Comfortable swimmer Strong swimmer

2. Name: _____ Age: _____

Special Needs: _____

Medications administered at camp*: _____

Allergies/Food Allergies: _____

Swimming ability: Cannot swim Weak swimmer Comfortable swimmer Strong swimmer

**Please complete the medication form. All medication must be in proper prescription bottles with instructions for the administration of the medicine on the label. The medication sent to the recreation program must be a daily dosage only. Staff is not permitted to accept any larger doses. If there are any changes in the dosage, time frequency, or administration of the medication, it is the parent or guardian's responsibility to inform the staff in writing.*

For more than two children, please complete an additional form

Parent/Guardian Contact Information:

1. Name: _____ Relation: _____

Telephone: _____ Email Address: _____

2. Name: _____ Relation: _____

Telephone: _____ Email Address: _____

Authorized Pick-ups for Children listed above (do not list the parent/guardians from above):

1. Name: _____ Relation: _____

2. Name: _____ Relation: _____

Please complete information on back side (two pages)

Please sign and date waiver below:

Participants must recognize that all classes of physical nature involve some risk and by registering for a class/activity of this nature there is an assumption of risk by the participant. The City of Coppell Parks and Recreation Department is dedicated to providing safe facilities and equipment for all participants, as well as qualified staff. Every effort is made to insure the safety of the participants and to provide them with first class recreational activities. In the event of a serious accident or illness, normally the City of Coppell (1) would contact the Coppell Fire Department Paramedics to perform first aid and when necessary recommend transport to a hospital; (2) reach the parent or guardian as soon as the situation allows.

I understand that there are risks involved in the programs/memberships which are sponsored by the City of Coppell Parks and Recreation Department. I accept full responsibility for any injury or accident to myself, spouse, or any of my dependents. I hereby release, indemnify, and hold harmless the City of Coppell, the Parks and Recreation Department, their agents, officers, employees, contractors, instructors, and any person acting on behalf of the City for any damages, causes of action of any kind whatsoever, statutory or otherwise, for personal injury including death, property damage and lawsuits and judgments, including court costs, expenses and attorney fees, and all other expenses that might arise hereafter, directly or indirectly in connection with my participation or the participation of my spouse or dependents in any of the programs/memberships listed. I do hereby grant and give these groups the right to use my or my child's photograph or image with or without my or my child's name, both single and in conjunction with other persons or objects, for the purpose of advertising, private or public presentations, publicity, and promotion relating thereto.

Therefore, I give permission for the following:

My child to attend and view G or PG rated movies/videos. I also understand that the City of Coppell is not undertaking the responsibility of the content of the movie/video shown. I assume all of said risks for my child.

My child to be transported by the City of Coppell and its staff to scheduled off-site program sites in an authorized city vehicle.

The City of Coppell or its staff to seek medical assistance on my behalf for my child from a certified professional care giver in the event of a serious accident or illness, and waive any claim against the City of Coppell or its staff.

I, _____, hereby acknowledge I have read and understand all the information contained in this document, and have approved all releases, permits, and waivers as so indicated herein.

Parent/Guardian Signature

Date