

**Barberton Parks and Recreation Commission
Park Play Program 2009**

Participant Name:	Date of Birth:	Home Phone:
Street Address:	City/State/Zip:	2nd Phone:
Health Condition, Allergies, or anything staff should be aware of (use back if necessary):		
Parent/Guardian:	Relation:	Home Phone:
Street Address:	City/State/Zip:	2nd Phone:
Other Contact in Case of Emergency:	Relation:	Home Phone:
Street Address:	City/State/Zip:	2nd Phone:

Permission for participants to check themselves in and out of the Park Play Program Functions:

My child has my permission to sign him/herself in and out at the beginning, and at the end of the Park Play Program and all PPP functions. I understand that the program staff will not be responsible for my child and any other children I have taken responsibility for once they sign out and separate themselves from the PP Program.

Yes I give my permission

No I do not give my permission

Signature _____ **Date** _____

Permission to Administer Questionnaires to Participants:

I hereby give Barberton Parks and Recreation my permission to administer questionnaires to my child for the purposes of improving future programs. I understand that the information collected from my child will remain anonymous and that my child's identity will not be revealed in relationship to the survey.

Yes I give my permission

No I do not give my permission

Permission to Record and Photograph Child Participating In Activities:

I hereby release Barberton Parks and Recreation rights to my child's image, likeness and the sound of his or her voice as recorded or photographed. I understand this recording or photograph may be edited and placed in publication, and thereafter the recording or photograph may be otherwise available. I agree to release, discharge, and save harmless Barberton Parks and Recreation, including its representatives or designees, from any legal proceedings which may arise in relation to the conditions of the above paragraph.

Yes I give my permission

No I do not give my permission

Signature _____ **Date** _____

Permission to be transported to and from by Barberton Parks and Recreation Staff using City Vehicles:

My child has my permission to be transported from each individual park to and from the following facilities by Barberton Parks and Recreation Staff, where additional supervision will be provided (check all that apply)

Lake Anna, Ohio Division of Natural Resources
Portage Lakes, Ohio Erie Canal Towpath

Barberton Community Center (YMCA)

All Parks within the Barberton Parks and Recreation Commission jurisdiction

I understand that by not checking any of the above, my child will not be able to participate in those activities. I also understand that my child may visit those locations I have checked at any time he or she is under the supervision of Barberton Parks and Recreation Staff.

Signature _____ **Date** _____

Waiver of Liability & Permission form Medical Consent:

In consideration of Barberton Parks and Recreation permitting my child to participate in and providing transportation to and from said events, I hereby for myself, my child, my heirs, administration and assigns, waive and release any and all rights and claims for damages I may have against Barberton Parks and Recreation, its personnel and any other organizations connected with this event, their successors, and assigns for any and all injuries which may suffer while taking part in any activities with this event. In case of injury, and I am unable to be contacted by your staff, I give my consent to have medical treatment administered to my child if deemed necessary by a physician.

Signature _____ **Date** _____

**Barberton Parks & Recreation Commission
Travel Consent Form**

500 W. Hopocan Ave. Barberton, OH 44203 330.861.7135

Child/Ward Name: _____

Address: _____ Zip: _____

Home Telephone () _____

Park where you intend your child to be involved in Park Play Program (Please circle one)

Avilee Webb

Tuscora

Crisman

Edgewood

I give my consent, which allows my child to ride a van from the park to designated field trips and back with a designated Park Leader from the Park Play Program.

Residential Parent or Guardian

Mother's name: _____ Daytime Phone: () _____ Cell Phone: () _____

E-mail address where a parent can be reached: _____

Father's name: _____ Daytime Phone: () _____ Cell Phone: () _____

Other's name: _____ Daytime Phone: () _____ Cell Phone: () _____

Date: _____ Signature of Parent / Guardian: _____

Address: _____ Zip: _____

PART II: REFUSAL OF CONSENT

I do NOT give my consent for my child to ride a van from the park to designated field trips and back with a designated Park Leader from the Park Play Program.

Date: _____ Signature of Parent / Guardian: _____

Barberton Parks & Recreation Commission
500 W. Hopocan Ave. Barberton, OH 44203 330.861.7135

Emergency Medical Authorization and Participation Form

Child/Ward Name: _____

Address: _____ Zip: _____

Home Telephone () _____

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under Parks & Recreation authority, when parents or guardians cannot be reached, and to authorize participation in Barberton Parks & Recreation classes and programs.

Mother's name: _____ Daytime Phone: () _____ Cell Phone: () _____

Father's name: _____ Daytime Phone: () _____ Cell Phone: () _____

Other's name: _____ Daytime Phone: () _____ Cell Phone: () _____

Name of Relative or Childcare Provider: _____ Relationship: _____

Address: _____

Daytime Phone: () _____ Cell Phone: () _____

PART I OR II MUST BE COMPLETED

PART I: TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Preferred Hospital: _____

I hereby give my child / ward permission to participate in the City of Barberton Parks & Recreation Commission program. I understand that this program has certain risks and could result in serious injury to my child / ward. I agree to hold harmless and free from liability the City of Barberton Parks & Recreation Commission, as well as their agents, employees, volunteers, and sponsors for any injuries which may occur to my child / ward as the result of their participation in this program. I understand and agree that my child / ward must follow the instructions given by the instructor and he / she must follow the rules and regulations of the City of Barberton Parks & Recreation Commission and instructors. *Furthermore, I hereby grant full permission to the City of Barberton Parks & Recreation Commission to use photographs of my child / ward while they are participating in a Parks & Recreation program or class.*

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 doctors, 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.

Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairment to which a physician should be alerted:

Date: _____ Signature of Parent / Guardian: _____

Address: _____ Zip: _____

PART II: REFUSAL OF CONSENT

I do NOT give my consent for emergency medical treatment of my child. IN the event of illness or injury requiring emergency treatment, I wish the Parks & Recreation authorities to take the following action:

Date: _____ Signature of Parent / Guardian: _____

Address: _____ Zip: _____