CITY OF SPARKS PARKS AND RECREATION DEPARTMENT

Identification and Emergency Information

(To be completed by both parents and/or guardian. Changes allowed by below signed only. Please make changes to the form in person.)

PROGRAM ☐Kid Konnection - Before ☐Christmas Capers ☐Summer Outburst ☐Year Round
☐Kid Konnection - After ☐Small Wonders ☐Spring Vacation Fun
☐Summer Blast ☐Other: _____

SITE: _____ ☐Resident ☐Non-Resident

CHILD'S Name: _____ Grade: _____ Sex: _____ DOB: _____ Age: _____
Address: _____ City: _____ State: _____ Zip: _____

FATHER/GUARDIAN: _____
Address: _____
City/State/Zip: _____
Email: _____
Home: _____ Work: _____ Cell: _____
DOB: _____ Household ID #: _____ (For Office Use Only)

MOTHER/GUARDIAN: _____
Address: _____
City/State/Zip: _____
Email: _____
Home: _____ Work: _____ Cell: _____
DOB: _____ Household ID #: _____ (For Office Use Only)

PERSONS WHO MAY BE CALLED IN AN EMERGENCY AND AUTHORIZED TO TAKE CHILD FROM THE FACILITY. LIST IN ORDER TO BE CALLED, INCLUDING PARENTS. A PICTURE I.D. REQUIRED.

Name	Address	Day Phone	Cell Phone	Relationship

HOSPITAL: _____

SPECIAL NEEDS (to include allergies, medications, emotional or physical challenges, etc.) This information is vital in order for us to provide the best possible recreational experience for your child. If you need a reasonable accommodation, please inform staff at least five (5) days prior to the program/class start date. _____

_____

_____

Can your child swim? ☐ Yes ☐ No If yes, at what level? ☐ Beg ☐ Adv Beg ☐ Intermediate

I, the undersigned certify that I am the custodial parent/guardian for the above named participant. I agree to hold the City of Sparks, the City's agents and employees, and the directors of this program harmless from any and all suits, claims, damages, losses, expenses or demands of every kind and character, including attorneys' fees, arising out of and in connection with the City's programs and services provided by or on behalf of the Parks and Recreation Department. I further certify that the participant has no ailment or organic defect that would make participation in the activity dangerous to the health of the participant. I acknowledge that my child may be transported in city vehicles when a bus is not available.
I have read, understand, and acknowledge receipt of the program rules and the parent manual and agree to abide by the terms of the rules and manual.

1. _____
Signature (parent/guardian) Date

2. _____
Signature (parent/guardian) Date