

FRIDAY NIGHT RECREATION APPLICATION

This form is required to participate in either the Friday Night Recreation program. Incomplete applications will not be accepted and will be returned. Participants will not be able to attend any programs without a completed form.

- FNR is now SMOKE-FREE. Smoking is not allowed at any event, or in the parking lot of the event!
- Participants and chaperones must remain in the activity area during the program. Once you leave you will not be permitted back into the event area.
- Please do not arrive at the event more than 30 minutes prior to the publicized start of each event.
- Any participant between the ages of 15 and 18 must be accompanied by a chaperone.
- If you have special dietary restrictions, please be sure to bring your own menu items.
- Registration fee is \$25 for Cole County Residents, \$35 for those outside Cole County

Participant Information (This information **MUST** be filled out about the participant)

Name: _____

Address: _____ **Apartment #:** _____

City: _____ **Zip Code:** _____

Group Home Name: _____

Home Phone: _____ **Work Phone:** _____

Date of Birth: _____ **Gender:** Male Female (circle one)

Special Accommodations you need: _____

Any Restrictions on your activities: _____

Any Food Allergies: _____

Parent/Guardian(s)(This information **MUST** be filled out about the participant's Parent/Guardian)

Name: _____ **Relationship:** _____

Address: _____ **Apartment #:** _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Emergency Contact Information (Complete this if others are to be contacted if you are unavailable)

First Contact Name: _____ **Relationship:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Second Contact Name: _____ **Relationship:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

I, the undersigned parent and/or guardian of the above named participant (hereinafter referred to as the "participant") hereby request permission for the participant to compete in the Friday Night Recreation and/or Special Olympics Programs. On behalf of the participant and myself, I hereby release the Jefferson City Parks and Recreation Department, Commission, staff, volunteers and co-sponsoring agencies from any liability arising out of your permitting the participant to participate, and I agree to defend and hold you harmless against any claims or liabilities asserted against you at any time by or on behalf of the participant by reason of such participation or any matters or thing to which this application appertains.

In permitting participation, I am specifically granting irrevocable permission to you to use the likeness, voice and words of the participant in television, radio, films, magazines, and other media, advertising or communicating the purpose of Friday Night Recreation and/or Special Olympics in appealing for funds to support such activities.

Guardian Signature: _____ Date: _____

Participant Signature: _____ Date: _____

NOTE TO PARENTS/GUARDIANS:

The following information pertains to the participant's health information. We require this information if you wish us to assist the participant in the event a medical need or an emergency arises. Because of the HIPPA Act (Health Insurance Portability and Accountability Act of 1996), you may choose to restrict this information by not supplying it to us.

While we understand you wish to keep that information confidential, please understand that by doing so, you also prohibit us from assisting your participant in any way and in all medical situations. Additionally you MUST designate someone who will be responsible for those medical situations. That person must keep in their possession complete and current health information in order to respond to any and all emergency situations requiring medical attention. That designated person MUST remain on site with the participant at all times and will assume any responsibility and liability from any medical need that arises.

Please know that if you choose to fill out the information below, we will be able to assist the participant in the event of an emergency. We keep all information you provide us absolutely confidential and unavailable to anyone except Parks & Recreation staff and emergency medical personnel. We will contact the guardian or emergency contact immediately to apprise them of any situation that might arise and to determine what measures and arrangements for such medical and/or hospital treatment as you may deem advisable for the health and well-being of the participant. If we are unable to contact the guardian or other designated individuals for directions, we will follow the directions you give us below.

Participant's Health Insurance Provider _____ Policy Number: _____

Primary Physician: _____ Phone Numbers: _____

Preferred Hospital: _____

HEALTH HISTORY:

Disability _____

Significant Illness/Operations: _____

Seizures: Yes _____ No _____ Type _____

Allergies: Yes _____ No _____ Type _____ Medication _____

Reaction to penicillin or other drugs: YES NO, If so, what _____

Immunization: Tetanus/Toxoid (required within last 10years) _____ Date _____

RESTRICTIONS, if any: _____

MEDICATION REQUIRED BY PARTICIPANT:

Type: _____ Dosage: _____

Type: _____ Dosage: _____

Type: _____ Dosage: _____

Type: _____ Dosage: _____

ANY OTHER HELPFUL INFORMATION FOR STAFF AT FRIDAY NIGHT RECREATION:

I authorized the Parks and Recreation Staff, on my behalf and at my account, to take such measures and arrange for such medical and hospital treatment as you may deem advisable for the health and well-being of the Participant.

If I choose not to provide the medical information above, I will take care of any and all emergencies that might arise during Friday Night Recreation. I will attend all activities or will designate someone to attend in my place to attend to the needs of the participant.

Guardian's Signature: _____ Date: _____

Participant Signature: _____ Date: _____