

**OXFORD PARKS & RECREATION DEPARTMENT  
PROGRAM PARTICIPATION FORM**



Name of Program: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**PARTICIPANT INFORMATION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B. \_\_\_\_\_

**PARENT/GUARDIAN'S INFORMATION: (\*If participant under the age of 18)**

Parent/Guardian: \_\_\_\_\_ Home Phone#: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
Parent/Guardian Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

-----  
Parent/Guardian Name: \_\_\_\_\_ Home Phone#: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
Parent/Guardian Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

**EMERGENCY INFORMATION AND CONTACTS:**

GIVE NAMES AND PHONE NUMBERS OF THREE (3) PEOPLE TO CALL IF YOU CANNOT BE REACHED: (THESE PEOPLE ARE AUTHORIZED TO PICK UP YOUR CHILD)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

-----  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

-----  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Physician's Information:**

Name: \_\_\_\_\_

Office Phone: \_\_\_\_\_

**Dentist's Information:**

Name: \_\_\_\_\_

Office Phone: \_\_\_\_\_

**SPECIAL ACCOMODATIONS**

I, My child has the following special needs: \_\_\_\_\_

\_\_\_\_\_

I, My child has the following known allergies: \_\_\_\_\_

\_\_\_\_\_

I, My child is on the following medications for long term continuous use: \_\_\_\_\_

\_\_\_\_\_

I, My child has the following pre-existing illness or health concerns: \_\_\_\_\_

\_\_\_\_\_

**\*\*Do any of the above needs/allergies require life saving treatment (epi pen, hospital)?** \_\_\_\_\_

**\*\* If yes, you must fill out a **Child Medical/Physical Care Plan form**, have your physician fill out the **Request for Administration of Medication form** and you must train the staff/leaders how to administer medical treatment.**

My signature below indicates that this registration form is correct to the best of my knowledge and I, my child(ren), dependent(s), and other minors herein described has permission to engage in all prescribed activities except those noted by me. I understand that participation in the program described on page one (1) may require my child to be transported by the Oxford Parks and Recreation Department in a city owned motor vehicle. In the event I cannot be reached in an emergency, I hereby give my permission to the adult leader in charge to contact 911 and secure emergency transportation (i.e. ambulance, Care Flight) for my child. *The cost for this emergency transportation will be billed directly to me by the Oxford Fire Department.* In the event I cannot be reached in an emergency, I hereby give my permission to the physician in charge to hospitalize, secure proper anesthesia, or to order injection or surgery for my child. I agree to follow the rules, regulations and policies implemented by the Oxford Parks and Recreation Department and I understand that my failure to do so may result in my child being discharged from the program. I understand that payment is expected in advance and there may be a late fee assessment should I neglect to pay on time. **I hereby consent to the use of my child's likeness in photographs, film, videotape or website for use in editorial, illustrated or promotional purposes. I further certify by my signature that I have the legal authority to sign on behalf of the child.**

Parent/Guardian Signature: \_\_\_\_\_