City of Mill Creek
Parks and Recreation Department
15728 Main Street
Mill Creek, WA 98012

General Release and Medical Information Form

General Information

Participant Name: _____ Age: _____ Birth Date: _____

Last First MI

School (if applies): _____ Grade: _____ Gender (circle): Male Female

Parent/ Guardian Name: _____ Email: _____

Address: _____ City: _____ Zip:_____

Home Phone: (____)_____ Work Phone: (____)_____Cell Phone: (____)_____

Emergency Contact Information (other than parent/ guardian or doctor). This person will be called if parents/ guardians cannot be reached. Is this person authorized to pick up minor: (circle) YES NO

Name: _____ Relationship to participant: _____

Address: _____City: _____ Zip: _____

Home Phone: _____ Work place name/ phone number: _____

Authorized Alternate Pick up

List all persons including parent (s) authorized to pick up child:

Name Phone Relationship

1. _____
2. _____
3. _____
4. _____

Medical Information

Are you physically capable of participating in activity? _____

Precautions, medical conditions or important information about your health? _____

_____

Do you currently take medications? ☐ No ☐ Yes (List medications: _____)

Do you have allergies? ☐ No ☐ Yes (List allergies: _____)

Allergic to medications? ☐ No ☐ Yes (List types of medication: _____)

Do you have Food Allergies? ☐ No ☐ Yes (List: _____)

Physician Name: _____ Office Address: _____

Phone Number: _____ Medical Insurance Provider: _____

Name of Insured: _____ Policy #: _____ Date of last physical exam: _____

I, _____ assume all risks and hazards incidental to participating in City of Mill Creek Parks & Recreation activities, and do hereby waive release, absolve, indemnify, and agree to hold harmless the City of Mill Creek, and its employees, supervisors, participants, and instructors, for any claim arising out of injury, damage, or personal loss incurred to myself or my child(ren) in connection with the activities sponsored or co-sponsored by Mill Creek Parks and Recreation. I, undersigned, am fully aware of the potential dangers and risk inherent in these activities, including physical injury, death, or other consequences that may arise or result directly or indirectly from participation in these activities. By participating in Mill Creek Parks and recreation activities, I agree that any images of myself or my child(ren) may be used by the City of Mill Creek and may be included in promotional materials, newspaper articles, and/or newsletters relating to Mill Creek Parks and recreation activities.

I have read and understand the above,

Signature of Participant/ Parent/ Guardian: _____ Date: _____