



# PARKS AND RECREATION DEPARTMENT

FORT BOISE COMMUNITY CENTER: 700 ROBBINS ROAD, BOISE, IDAHO 83702

CITYOFBOISE.ORG/PARKS | P: 208-608-7680 | F: 208-608-7699 | TTY/TTD: 800-377-3529

## Playcamp 2020 Participant Form

Please bring this completed form on your child's first day of Playcamp to the Playcamp park location. If you are requesting accommodations, or have medical needs/allergies, please submit in advance to Robyn Ure at [rure@cityofboise.org](mailto:rure@cityofboise.org), or mail it to 110 Scout Lane, Boise, ID 83702.

**Participant's Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Guardian's Name:** \_\_\_\_\_ **Primary Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Guardian's Name:** \_\_\_\_\_ **Primary Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

*Please include copies of legal documentation regarding non-custodial parents, if applicable.*

**Emergency Contact:** Please identify at least one individual who will be notified to pick your child up in an emergency or failure to pick up your child at the end of each day. Photo ID will be required.

**Name:** \_\_\_\_\_ **Primary Phone:** \_\_\_\_\_

**Relationship to Participant:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Primary Phone:** \_\_\_\_\_

**Relationship to Participant:** \_\_\_\_\_

At the end of each day, participant will:

- Be picked up/signed-out by an adult listed above
- Sign themselves out of camp to bike/walk home independently

Will your child take any medication during camp hours?

- No
- Yes (please list): \_\_\_\_\_

\*If yes, you will be sent the 'Participant Medication Information' form to complete.

Does your child have any allergies?

- No
- Yes (please list): \_\_\_\_\_

Does your child have any special health, accessibility or behavioral needs?

- No
- Yes (please describe): \_\_\_\_\_

\*If yes, you will be contacted by an Accessibility Manager for further information. Please note that accommodations may take up to two-weeks to arrange.



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## AUTHORIZATION FOR TRANSPORTATION

I, \_\_\_\_\_, authorize Boise Parks and Recreation to provide transportation in a public vehicle for my child, \_\_\_\_\_, for the purpose of field trips.

Parent/Guardian Initials: \_\_\_\_\_ Date: \_\_\_\_\_

## AUTHORIZATION FOR MEDICATION

No medicines or drugs will be distributed to any child except with written permission from the parent/guardian. If your child will need to take medication during a Boise Parks and Recreation program, additional forms must be filled out, including the **“Participant Medication Information”** sheet. I understand that if assistance is needed in administering a medication, such as epinephrine, I assume all risks associated with the administration of the device and understand that Boise Parks and Recreation personnel have not received medical training.

Parent/Guardian Initials: \_\_\_\_\_ Date: \_\_\_\_\_

## AUTHORIZATION FOR MEDICAL EMERGENCIES

I, \_\_\_\_\_, authorize Boise Parks and Recreation to secure emergency medical/surgical care from a licensed physician and/or hospital for my child, \_\_\_\_\_, should such care be necessary. I understand that all reasonable efforts will be made to notify me before such action is taken, and I agree that the expense of such emergency care will be accepted by me.

Parent/Guardian Initials: \_\_\_\_\_ Date: \_\_\_\_\_

## AUTHORIZATION FOR SUNSCREEN APPLICATION

I, \_\_\_\_\_, authorize Boise Parks and Recreation to apply the sunscreen I provide for my child. I understand that I will be responsible to provide sunscreen each day.

Parent/Guardian Initials: \_\_\_\_\_ Date: \_\_\_\_\_

## LIABILITY RELEASE

I am the legal guardian of the participant listed above and I assume all risks from participation in this program on behalf of my child. My child is of the appropriate skill level and physical condition to participate in this program. If I have a question pertaining to any physical condition, I will seek medical advice prior to participation. I understand that the City of Boise does not provide any medical, life or disability insurance for any participant. I understand that the City of Boise reserves the right to restrict participation in any activity to ensure the safety of the activity for all participants.

I will not (nor will my heirs or assigns) hold the City of Boise, or any employee, volunteer or other agent thereof, liable for any claims, damages, injuries, death or property loss that arise from my child’s participation in this program. I agree to release, indemnify and hold harmless the City of Boise, or any employee, volunteer or agent thereof, from any such claim. I understand and agree that the City of Boise may use my child’s name, photos and video of my child participating in the program as a part of any promotional materials.

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