



Kitsap County Parks & Recreation High School Sailing for Central Kitsap

PERMISSION SLIP / MEDICAL AUTHORIZATION

Participant's Name: _____ Age: _____ M _____ F _____

Parent/Guardian Name: _____ Relationship _____

Address: _____ City: _____ ZIP _____

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

Ethnicity: African American Pacific Islander Native American Hispanic Caucasian Other¹

Emergency Contact #1	Name: _____ Relationship _____ Phone _____						
Emergency Contact #2	Name: _____ Relationship _____ Phone _____						
Allergies:	Food/Other _____ _____						
Current Medications:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 2px;">Medications being taken?</td> </tr> <tr> <td style="padding: 2px;">Is staff to administer?</td> <td style="padding: 2px; text-align: center;">Yes</td> <td style="padding: 2px; text-align: center;">No</td> </tr> </table>	Medications being taken?			Is staff to administer?	Yes	No
Medications being taken?							
Is staff to administer?	Yes	No					
Medical Conditions:	Any relevant medical condition or concern? _____						

¹ This information is used when Kitsap County applies for grants and funding to support public recreational programs.

	Attending Physician: _____ Phone No: _____
Participant Authorization	<p>I hereby give my consent for my child to participate in the program being conducted by Kitsap County Department of Facilities, Parks and Recreation (KCDFPR), and I declare that I will not hold KCDFPR, its employees, or any volunteer associated with the program responsible for any injuries, damage, or personal loss incurred while participating or in connection with in said program.</p> <p>I hereby waive release and discharge any claims for damages against any person or entity in any way involved with this program, including but not limited to Kitsap County Department of Facilities (KCDFPR), which may arise as a result of my child's participation in this KCDFPR program. This release is intended to discharge the persons and entities mentioned above of any and all liability in connection with my child's participation in the program. It is further understood and agreed that this waiver, release and assumption of risk has been freely entered into and is to be binding on our heirs.</p>
Medical Authorization	KCDFPR, its staff, and all persons related directly or indirectly with KCDFPR recreation programs assume no financial obligation or liability; but in the case of accident or illness, I grant authorization to secure medical treatment for the above named minor if I cannot be contacted immediately. I hereby consent to the administration of any and all medical procedures necessary by the attending authorities.
Photo Consent	Yes _____ I give consent to photograph my child at camp and / or use photographs in future program brochures / flyers etc. No _____ Please do not photograph my child at camp
Field Trips & Program Activities	I, the legal parent/guardian of the above named minor, understand that all participants in this program participate at their own risk. I agree to hold harmless KCDFPR, its employees, or any volunteer associated with the program from any and all claims in connection with the program, field trips, and activities. I also understand that there is no insurance carried for this activity and I will secure coverage if I feel necessary.

I hereby declare that I am the legal parent/guardian of _____,
 I have read and understood this release and waiver of liability and have the legal right and authority to execute this agreement on behalf of the child and myself identified herein.

Parent /Guardian Name (please print): _____

Parent /Guardian Signature: _____

Date: _____