

# Reidsville Parks & Recreation Department

## Participant's Card

Name \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Other Phone # Cell \_\_\_\_\_ Fax \_\_\_\_\_

City Resident/Taxpayer \_\_\_\_\_ Non City Res. \_\_\_\_\_ Rec. Insurance \_\_\_\_\_

Insurance Co. \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Employer \_\_\_\_\_

Home Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Employer \_\_\_\_\_

Home Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_

Contact other than parent in case of emergency:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Indicate below any health conditions participant may have:

\_\_\_ Allergies                      \_\_\_ Heart Disease                      \_\_\_ Physical Disorder

\_\_\_ Diabetes                      \_\_\_ Kidney Disease                      \_\_\_ Emotion Disorder

\_\_\_ Epilepsy                      \_\_\_ Learning Disability                      \_\_\_ Hyperactivity

\_\_\_ Other

Please explain: \_\_\_\_\_

Is the participant on medication? \_\_\_\_\_ Explain: \_\_\_\_\_

Participant's Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Participant's Dentist \_\_\_\_\_ Phone # \_\_\_\_\_

## Emergency Medical Care

I, the undersigned parent/guardian, give my child permission to participate in Reidsville Parks & Recreation Department activities/programs. I hereby give my permission to the physician selected by the Recreation staff to secure proper treatment for any illness or accident that may happen to my child. This hereby relieves the Reidsville Parks & Recreation Department, its staff and coaches of any and all responsibilities. I further understand that I am responsible for insurance coverage for my child/children, and I will provide proof at time of registration.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Program	Team Last Year	Parent Approval Date	Registration Fee
1.			
2.			
3.			
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