

Redmond Parks and Recreation Department Medical Information and Authorization

Please fill out and bring to first class. Copies of this form are acceptable.

Please return to Nancy Chang. Questions: 425.556.2358

Email this form to: nchang@redmond.gov, or mail /drop-off: 16600 NE 80th ST, Redmond, WA 98052

(Please print)		
rogram Name Program Date(s)		m Date(s)
Participant's Name		
Home Phone	Birth Date	Age
Email Address		
Address	City/Zip	
Parent/Guardian	Wo	ork Phone
Address	City/Zip	
Emergency Contact:		
Name	Phone	Relationship
Doctor/Hospital	Phone	
	n, allergies (bee sting, foods, etc.), lin	
to be treated by a hospital, physicillness. I/We further agree to assume to and from the activities and do he Redmond Parks and Recreation D transporting myself or my/our chilinjury caused by or resulting from	nergency occur, for which I cannot be co ian, or other certified medical personne e all risks and hazards incidental to such ereby waiver, release, absolve, indemnif- epartment, park supervisors, instructors d for any claim arising out of any inju- the sole negligence or concurrent neglig as and/or videotapes of my child/child	el in the event of injury, accident, or participation, including transportation y, and agree to hold harmless City of s, volunteers, and authorized persons ry to myself or my/our child, except gence of the City or its agents. <i>I also</i>
If you do not want your photos and give this form to the instru	or videos published, please check t actor on the first day of class.	he box,
Signature(s)	Date	