

# Eden Recreation - Town Pool - Emergency Info & Parent/Guardian Consent

20\_\_\_ POOL PASS #\_\_\_ [ ] Individual [ ] Lesson [ ] Family #\_\_\_

Participant \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent / Guardian \_\_\_\_\_ Work Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_

**Other responsible adult if Parent / Guardian cannot be reached:**

\_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

\_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Participant: Wears Glasses [ ] Contacts [ ] Current Medications \_\_\_\_\_

Allergies \_\_\_\_\_ Other Medical Problems \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance \_\_\_\_\_ Dentist \_\_\_\_\_ Phone \_\_\_\_\_

**Please Note:** I understand there is a risk of my son / daughter / myself being injured and that this risk is inherent in all sports and activities. I further understand that the risk of injury may be severe, including the risk of fracture, brain injury, paralysis or even death. I acknowledge that The Town of Eden and The Town of Eden Recreation Department DO NOT have and DO NOT provide Accident - Health Insurance policies / coverage for sponsored Programs Participants, Coaches, Managers, Spectators nor Volunteers. I understand that Participants do so *at Their Own Risk*.

**In the event of injury, I hereby give authorization for emergency treatment and transportation of myself or my child.**  
[ ] I have listed additional pertinent instructions or information on the reverse side of this card.

Printed Name of Participant (or Parent / Guardian If Minor) \_\_\_\_\_ Signature of Participant (or Parent / Guardian if Minor) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Received by Recreation Employee: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_