Town of Eden Recreation Department Emergency Information Parent / Guardian Consent Card

Please return card to program supervisor or director prior to participation

Please type or print in black ink.

Participant:	Date of Birth _	/	/_	Home Phone:	
Address:		City:		Zip	.
Address:Parent / Guardian:	Work Phone:			Mobile Phone:	
Other responsible adult if Parent /					
		_Phone:		Phone:	
Participant: Wears Glasses [] Cont					
Allergies	Other Me	dical Prob			
Preferred Hospital:	Doctor:_			Phone:	
Health Insurance:	Dentist:			Phone:	
Please Note: I understand there is all sports and activities. I further u brain injury, paralysis or even deat Department and Eden Central Schooverage for sponsored Programs that Participants, Coaches, Manag event of injury, I hereby give authorized.	nderstand that the risk of injurth. I acknowledge that The Tovools DO NOT have and DO NOT Participants, Coaches, Managers, Spectators and Volunteers	ry may be vn of Eder T provide ers, Specta s are in fac	severe n, The Accide ators n ct - Par	e, including the risk o Town of Eden Recrea nt - Health Insurance or Volunteers. I furth ticipating at Their Ov	of fracture, nation of policies / ner understand wn Risk. In the
Participant or Parent / Guardian If M Additional pertinent instructions of		rent / Guar	rdian (S	ignature) Date	<i>J</i>