



2013 Parents Night Out Profile

Camper Name _____ Age _____ Male Female

Camper lives with Both Parents Mother only Father only Other

Address _____ City _____ Zip _____

Phone # _____

Mother's Name _____ Phone # _____

Father's Name _____ Phone # _____

Emergency Contacts

First & Last Name _____ Relationship _____

Phone # _____

First & Last Name _____ Relationship _____

Phone # _____

Medical History/Information

It is the responsibility of every individual, their parent or legal guardian to provide for their own accident and health coverage while participating in all Maple Valley Parks & Recreation activities.

Primary Care Provider _____ Physician's Name _____

Phone # _____ Insurance Provider _____

Please list child's medical history or special cautions/needs on the SUPPLEMENTAL MEDICAL FORM if needed.

Persons Authorized to Pick-up Child from Parents Night Out

Persons not authorized to pick-up the child cannot be enforced without a court order on file.

First & Last Name _____ Relationship _____

Phone # _____

First & Last Name _____ Relationship _____

Phone # _____

I hereby represent and warrant that if the participant is a minor, I am his/her guardian and authorized to provide release, authorizations, and permissions as stated below and all information above is accurate and complete. I hereby give permission for the applicant to participate in all program activities, including field trips in approved vehicles (buses, vans and coach buses) and agree to release The City of Maple Valley, its officers, employees, and agents, from all liability arising from any harm or injury incurred by the participation of my child in the program stated above. Unless otherwise indicated by a parent/guardian in writing at the time of registration, photographs of participants for use in Parks publications may be taken while participating in the program activities. No personal information other than the participant's first name will be released under any circumstances except as required by law. By way of copy of this form, I authorize the staff of the City of Maple Valley to obtain medical/hospital treatment for the participant in the event of an emergency.

Print Parent/

Guardian Name _____ Signature _____

Date _____