



Health Form + Waiver

Complete this form and return it to:
 Mary Ellen Avery, Tidewater Boating Center
 4675A Tidewater Ave, Oakland, CA 94601
 Fax: 510.261.8114 Email: meavery@ebparks.org

PARTICIPANT

Child Last Name _____ Child First Name _____ Child Date of Birth _____ Child T-Shirt Size _____

Swimming: Campers will be in chest-deep water, supervised by lifeguards and recreation leaders. Swim areas are roped off. Please tell us if your child is allowed to go in the water.

Yes, my child may go in the water with staff supervision No, I do not want my child to go in the water at all

PROGRAM

Which week(s) are you signing up for?

- June 11-15: Temescal, Oakland
- July 2-6, Oakland School Partner
- July 23-27: Miller Knox, Richmond
- June 18-22: Temescal, Oakland
- July 9-13, Contra Loma, Antioch
- July 30-August 3, Ardenwood, Fremont
- June 25-29: Don Castro, Hayward
- July 16-20, Coyote Hills, Fremont

PRIMARY PARENTS/GUARDIANS

Last Name: _____ First Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email address: _____

Last Name: _____ First Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email address: _____

In addition to the Parent/Guardian, please list 2 more emergency contacts:

Name: _____ Relationship to Camper: _____ Phone: _____

Name: _____ Relationship to Camper: _____ Phone: _____

In addition to the Parent/Guardian, who is authorized to pick up the camper? (photo I.D. required at pick-up)

Name: _____ Relationship to Camper: _____ Phone: _____

Name: _____ Relationship to Camper: _____ Phone: _____

Name: _____ Relationship to Camper: _____ Phone: _____

MEDICAL HISTORY

1. Please describe any medical issues or injuries that we should be aware of: _____

2. Please describe any psychological/emotional issues that we should be aware of: _____

3. Are there any activities that your child should not be allowed to participate in? _____
4. Please list all of the camper's allergies: _____
5. Please list any medications your child needs to take *while at camp*: _____
6. The camper is up-to-date with immunizations. _____ (Initial here) Month/year of most recent tetanus shot: _____
7. a) Please list current medications (both prescribed and over the counter): _____
b) How is medication administered? _____ When? _____ Dosage? _____
7. Health Insurance: _____ Policy #: _____ Doctor Name + Phone: _____

Please feel free to attach additional information, or call the Recreation Supervisor at 510.544.2558 to discuss any other issues.

WAIVER, RELEASE AND ASSUMPTION OF RISK / AUTHORIZATION FOR EMERGENCY TREATMENT

I, the undersigned, as participant, or as parent or legal guardian of the child listed on this form, hereby assume full responsibility for all risk of injury or loss which may result from my or my child's participation in the program listed below, and hereby agree to hold harmless, release and forever discharge The East Bay Regional Park District, its officers, directors, agents, and employees (collectively "District") and their representatives, from any and all claims and demands whatsoever which the undersigned, and any of them or any third party and their representatives or any person acting under persons, or damage to, loss of or destruction of property arising or resulting directly or indirectly from my or my child's participation in the aforementioned activity, and occurring said participation, or anytime subsequent thereto regardless of whether said claims or demands arise out of negligence on the part of the District. The terms of this release shall serve as a release and assumption of risk for myself, my child, heirs, executives, administrators, and for all of my family members. This health history is correct to the best of my knowledge, and the person herein has permission to engage in all prescribed program activities.

I understand, agree, and acknowledge that some activities in this program may be hazardous nature and/or include physical and/or strenuous activity. I hereby assume all risk of such activities. Understanding this, I state to the best of my knowledge that I or my child listed on this form have no medical, physical, mental, or emotional health conditions which would hinder my or my child's active participation in the program listed on this form.

In the case of any emergency in which I am not able to give permission for medical treatment and my designated emergency contact cannot be reached, I authorize the staff or agents of the District to obtain whatever medical treatment is deemed necessary for my child's welfare. In the case of my child, this authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment, regardless of whether my medical insurance would cover such charges and fees.

I give my full permission to East Bay Regional Park District and any other media sources to use my or my child's name and any photographs, video graphs, motion pictures, or recordings for any publicity and promotional purposes without obligation or liability to me.

Camper's Name: _____ Parent/Guardian Name: _____

Parent or Guardian Signature: _____ Date: _____