



CITY OF WESTERVILLE
PARKS AND RECREATION DEPARTMENT
SPROUTS WAIT ROOM MEDICAL AND
REGISTRATION FORM

350 N. Cleveland Ave | Westerville, Ohio 43082 | (614) 901-6500 | www.westerville.org

Child's Name: _____ Male _____ Female _____

Child's Address _____ Birthdate ____/____/____

City/State/Zip _____ Age _____

Rec'd date _____
By _____ (initials)
Updated/Computer by _____
Date _____

Diaper Changing and Bottle Feeding Policy (please initial): FOR EMERGENCY SITUATIONS ONLY!

_____ Yes, I give permission for the Sprouts Wait Room Staff to change my child's diaper and/or feed them a bottle.

_____ No, I decline at this time.

Parent or Guardian Information: email Address _____ Allowed to PU child

Mother's Name _____ Phone (H) _____ (W) _____ Cell _____ P/U Y No

Father's Name _____ Phone (H) _____ (W) _____ Cell _____ P/U Y No

IN CASE OF AN EMERGENCY SPECIFY AUTHORIZED PERSONS TO PICK UP YOUR CHILD:

Name _____ Relationship _____ Phone _____ P/U Y No

Does the participant have any disabilities, physical conditions, behavioral concern or distinguishing marks the staff should be aware of:

_____ No _____ Yes, please explain: _____

Does your child require any accommodations, special assistance or auxiliary aids?

_____ No _____ Yes, please explain: _____

Attention Deficit, Autism, Sensory Impairment (i.e. vision, speech, hearing),
Allergies – bees, penicillin, foods, hay, other

Also, please list any and all prescription medications (i.e. Ritalin) currently being taken: _____

Other Conditions/Needs: _____

In the event of reasonable attempts to contact the authorized persons have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by emergency medical squad, Dr. _____ (preferred physician), _____ (Phone) or, in the event the designated practitioner is not available, by another licensed squad, physician or dentist, and the transfer of said child to _____ (preferred hospital) or any hospital reasonably accessible. This does not cover major surgery unless the medical opinions or two other licensed physician or dentists, concurring in the necessity for such surgery are obtained before surgery is performed.

As a participant in this and any other program of the Westerville Parks and Recreation Department, I, for myself or the participant for whom I sign (if under 18 years of age), recognize and acknowledge that I/we may be exposed to a variety of risks and I/we agree to assume all such risks, including but not limited to, any damage resulting from physical injuries, death, loss of services or consortium, loss or damage to property, or any other loss or injury I/we may sustain as a result of participating in any and all activities connected or associated with such programs. I acknowledge that I/we have no physical limitations, or disabilities of any kind which would restrict me/us from participating. Any special accommodations needed have been noted on the front of this form.

In consideration of the Westerville Parks and Recreation Department accepting my/our registration and with the intent to be legally bound, I hereby, for myself or the participant for whom I sign (if under 18 years of age) and all heirs, executors, administrators and assigns: (1) forever release, waive and relinquish any claim I/we have or may have as a result of participating in this and all other programs of the City of Westerville Parks and Recreation Department; and (2) promise not to sue and agree to hold harmless and defend, the City of Westerville and its officers, officials, agents, employees, volunteers and other representatives (referred to collectively hereinafter as "City of Westerville") from any and all claims, liabilities, demands, actions or causes of action in any way resulting from my/our participation in this and all other programs of the Westerville Parks and Recreation Department.

USE OF PHOTOGRAPHS: I do hereby grant and give the City of Westerville the right to use my photograph or image (or the photograph or image of the participant for whom I am signing) with or without my/our names, both single and in conjunction with other persons or objects for any and all purposes including, but not limited to, private or public presentations, advertising, publicity and promotion relating hereto. I warrant that I have the right to authorize the foregoing uses and do hereby agree to hold the City of Westerville harmless of and from any and all liability of whatever nature, which may arise out of result of such uses.

I have read all of the above statements and all of the policies of the Sprouts Wait Room and promise to abide by them and understand that for my child's safety and guardians' peace of mind children may be videotaped.

Parent/Legal Guardian Signature

Date