

**Hampden Recreation Department-Skehan Recreation Center Emergency Contact Card**

PLEASE COMPLETE IN PENCIL TO ALLOW FOR FUTURE CHANGES AS NEEDED

**Adult Users-Please Complete ALL APPLICABLE QUESTIONS-INCLUDING EMERGENCY CONTACT INFORMATION**

Participant Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_ Home #: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Should we be unable to contact a parent in the event of an emergency, please list the name and contact number of another responsible adult we may contact.

Emergency Contact: \_\_\_\_\_ Emergency #: \_\_\_\_\_

Family Physician Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Family Dentist Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hospital Preference:       EMMC                       St. Joseph

Any Allergies, Medical Issues: \_\_\_\_\_

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*Following Individuals Are Allowed To Pick Up My Child (in addition to parent(s)) From Activities At The Recreation Center:*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone : \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone : \_\_\_\_\_

Please check here if your child is allowed to walk/bike home after activities alone

**Waiver For Participation**-Participation in Skehan Recreation Center/Hampden Recreation Department activity may involve risk of injury or death. As a parent, guardian, or participant I am aware of these hazards and my/(my child's) ability to participate. I hereby waive and release all rights and claims against the Town of Hampden, its officers, employees, agents, volunteers and supervisors from all losses, injury, damages, fees and other expenses arising out of, or in connection with participation in the above registered activity. In addition, I give my consent for the Hampden Recreation Department and staff to act in my place in all respects should the need arise during the course of this activity or related travel. This shall include but not be limited to obtaining medical care.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OVER**