

Preschool / Youth 2023

Entered Initials: _____ REV: 2/14/23

Participant Information & Liability Waiver

Please complete form and return on the first day of class. This information is strictly confidential and for Fort Wayne Parks & Recreation Department use only.

Child's Last Name Child's First Name Middle Initial

Parent/Guardian's Name Parent/Guardian's Email

Address City State Zip

Home Phone Work Phone Cell Phone Child's Date of Birth

Emergency Contact: Name Phone Number Relationship

Hospital Preference Primary Physician Physician Phone Number

Medial Conditions/Medications: _____

Allergies (List): _____

Physical/Mental/Emotional Disabilities: _____

Reactions/care/instructions regarding the above health conditions: _____

Sex: [] Male [] Female

National Origin: [] White [] Asian [] Black [] Native American [] Hispanic [] Other (List)

Age: [] 18-23 months [] 2 years [] 3 years [] 4-5 years [] 6-8 years [] 9-11 years [] 12-14 years [] 15-17 years

Liability

I, as legal guardian representing a minor participant, agree to release the City of Fort Wayne, its officers, employees and volunteers from any and all liability for accidents, injuries, losses of and/or damage to his/her person or property that may arise out of his/her participation in or presence at the above activity(s). I am aware of certain risks of possible dangers associated with participation in this activity. I have entered into this agreement of my own free will.

Applicant Signature Date