

OPRYD Camp Safety Card

Site _____ Group _____

Child's Information		Gender _____	Race/Ethnicity _____
Name _____		Age _____	Birth Date _____
First	Last		
Home Address _____		Phone _____	
Street	City	Zip	

RELEASE WAIVER I hereby release and hold harmless the City of Oakland, its directors, officers, employees, agents, volunteers and all other persons acting on its behalf, from any and all causes of action, liability, damage, loss, and expense, including attorney fees and court costs, whether based upon causes of action for strict liability, negligence, gross or otherwise, in connection with the participation of me or my child in any activity conducted by Oakland Parks, Recreation & Youth Development, whether on its premises or elsewhere. I agree to let the City of Oakland use my or my child's name and likeness free of charge and in any manner for any lawful purpose including in its publications and website and/or other publications for the purpose of documenting and promoting use of City of Oakland services and programs. This release is made in all my legal capacities, including on my own behalf, and on the behalf of my spouse and any other parent or guardian of the enrollee, and as legal representative and guardian of the enrollee.

AUTHORIZATION FOR MEDICAL TREATMENT I hereby consent and authorize the City of Oakland Parks, Recreation & Youth Development staff to obtain emergency medical care for myself or my child for any injury that may result from participation in the activities of Oakland Parks, Recreation & Youth Development or on or about its premises. I understand that Oakland Parks, Recreation & Youth Development does not provide medical insurance coverage for participants of this program.

This form must be signed by an adult (over age 18), either the enrollee or the legal parent or guardian.

 X _____
 Signature of Enrollee or Parent/Guardian Date

Oakland Parks, Recreation & Youth Development 510-238-3498 www.oaklandnet.com/parks



Parent/Legal Guardian information	Relationship to Child _____		
Parent/Guardian Name _____			
First	Last		
Home Address _____			
(if different from child's)	Street	City	Zip
Phones _____			
Cell Phone	Work Phone	Home Phone	

Medical Information
Doctor Name _____ Clinic /Office Phones _____
Medical Insurance Carrier _____ Policy # _____
Please explain medical or special needs: __Allergies __Physical Limitations __ Diet Restrictions (check & describe)

OTHER EMERGENCY CONTACTS (please list as many as possible- these people are authorized to pick up your child)

Name	Phone	Cell	Relationship to your child

Child may walk home _____ (please initial).