



Parks and Recreation Department City of Bellingham

Medical and Liability Waiver

Dear Participant or Parent/Guardian,

Please complete and submit this form before the first day of the program. If you have questions, please call 778-7000.

General Information:

Participant Name: _____ Birthdate: _____ Age: _____

Address: _____ City: _____ Zip: _____

Home phone: _____ Business phone: _____

Parent/Guardian's name: _____

Name and phone number of alternate contacts in case of an emergency:

Name: _____ Daytime phone #: _____ Relation: _____

Medical Information:

Date of last tetanus shot: _____

Are you currently taking any medication? ☐ yes ☐ no If yes, what type? _____

Please list medication administration times and dosages: _____

Do you have any allergies? ☐ yes ☐ no If yes, what type? _____

Do you carry medication for allergic reactions? ☐ yes ☐ no

Do you have an allergy to sunscreen? ☐ yes ☐ no If no, do you have any specific needs for sunscreen administration or do you prefer self-administration? _____

Communication: ☐ Verbal ☐ Nonverbal ☐ Sign Language (please circle: ASL PSE SEE) ☐ Interpreter

Name and Contact # for preferred interpreter: _____

Bathrooms: ☐ Independent ☐ Needs Cues ☐ Requires Assistance

Mobility: ☐ Independent ☐ Difficulty with steps or uneven terrain ☐ Uses wheelchair (please circle: Electric or Manual)
☐ Uses cane ☐ Uses walker

Behaviors we should be aware of: _____

Main Office

210 Lottie Street
Bellingham, WA 98225
Phone: (360) 778-7000
Fax: (360) 778-7001
Email: parks@cob.org
www.cob.org/parks

Operations

1400 Woburn Street
Bellingham, WA 98229
Phone: (360) 778-7100
Fax: (360) 778-7101
Email: parks@cob.org
www.cob.org/parks

Arne Hanna Aquatic Center

1114 Potter Street
Bellingham, WA 98229
Phone: (360) 778-7665
Fax: (360) 778-7062
Email: aquatics@cob.org
www.cob.org/ahac

Bayview Cemetery

1420 Woburn Street
Bellingham, WA 98229
Phone: (360) 778-7150
Fax: (360) 778-7151
Email: bayview@cob.org
www.cob.org/bayview

What are effective behavior management strategies, if needed? _____

Assistance needed for participation (check all that apply):

____ One on one assistance for all activities

____ Close supervision for all activities

____ Occasional Assistance for some activities

____ No assistance needed

Will/can ask for assistance when needed: ____yes ____no

Task orientation (please check all that apply):

____ Requires cueing

____ Requires instructional steps

____ Follows single step directions

____ Requires repeated directions

____ Follows verbal directions

____ Requires hands on assistance

____ Adaptive technique or equipment, please specify: _____

Other important information we should have: _____

Transportation and Check-In Permission: Persons authorized to pick up program participants under the age of 18 are

Contact Information: _____ , _____

Walk/Ride Public Transportation (Optional, Ages 10-13): My child, _____, _____, has my permission to arrive and leave on their own each day by bus, bike, or walking. Name Age

I will not hold the Bellingham Parks and Recreation Department or its employees responsible for any situation that arises once my child has left Bellingham Parks and Recreation supervision.

If you require accommodation to successfully participate in our programs, please contact us at (360) 778-7000 or parks@cob.org. Please note that accommodations are most successful when we are notified as far in advance as possible.

All participants must sign the following release. Parents or guardians must sign for minors. I/We, realizing no insurance coverage is provided for the participant, will assume financial responsibility for any cost relating to any accident or injury that might occur while participating in above named program. Furthermore, I/we will not hold the City of Bellingham, employees/volunteers or anyone otherwise involved in named programs responsible for any accident or injury that might occur. I/We agree in advance to consent to any emergency first aid considered necessary in the best judgment of an employee or instructor and/or medical or surgical treatment that is considered necessary in the best judgment of an attending physician of the hospital furnishing medical services. I/we understand that in the event of a serious illness or accident, reasonable efforts to reach parents/guardians or closest relative will be attempted.

Please be advised that participants involved in Parks and Recreation programs are subject to being photographed and/or video recorded and such photographs or videos may be used to publicize city programs.

Participant's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

(Parent or guardian must sign if participant is a minor or an adult whose capacity to provide consent is limited by actual or legally determined incapacity.)