



Participant Info Sheet

2019-2020

PLEASE TYPE OR PRINT NEATLY.

Child's Name: _____ Age: _____ Birth Date: _____

Address: _____

Mother's Name: _____ Father's Name: _____

Home #: _____ Home # _____

Work #: _____ Work #: _____

Cell # _____ Cell # _____

Emergency contacts- Authorized to pick up and share medical/behavioral information with when parents cannot be reached:

1. _____ Phone #: _____ Relationship: _____

2. _____ Phone #: _____ Relationship: _____

List Food/Substance Allergies: _____

Authorized Individuals to Pick up besides parents (Must have Photo ID):

Name: _____ Relationship: _____ Cell Phone #: _____

Name: _____ Relationship: _____ Cell Phone #: _____

Name: _____ Relationship: _____ Cell Phone #: _____

Please state any additional info that would be helpful to staff to make your child's time enjoyable:

Written permission for emergency medical treatment must be on file.

I hereby authorize City of Olathe Staff and/or Olathe Park and Recreation Staff who are representative(s) of the above named organization to give consent for any and all necessary emergency medical care for _____ (child's first and last name) while said child is in organizations custody.

Complete information regarding health care insurance, if applicable.

Health Insurance Policy Name _____

Policy Number/ Member ID _____

Doctor Name & #: _____

Emergency Hospital Preference: _____

X
Signature of athlete/parent/guardian

Print Name

Date