

HEALTH HISTORY FORM

Return both pages to Currents Aquatic Center or email to sutherlandg@ci.missoula.mt.us

Please print legibly—thank you!

Program(s) Attending	Date of birth	Age	Male Female
First Name	Address		
Last Name	City, State, Zip		
Email	Phone		
EMERGENCY CONTACT NAME	EMERGENCY CONTACT PHONE		

PLEASE CHECK ALL THAT APPLY AND INCLUDE SPECIFICS OF PERTINENT MEDICAL HISTORY

<input type="checkbox"/> Known allergies	
<input type="checkbox"/> Past Injuries/Illnesses/Seizures/Surgery and Dates	
<input type="checkbox"/> Current medications <small>(Parks and Recreation employees are generally unable to administer medications)</small>	
<input type="checkbox"/> Behavioral concerns/mental illness	
<input type="checkbox"/> Glasses and/or contact lenses	<input type="checkbox"/> Hearing Aids/Cochlear Implants
<input type="checkbox"/> Other	
Doctor's name and phone	
Insurance Policy and Number	

Swimming ability	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Additional information about swimming ability			
★ What else should we know about your child?			

AUTHORIZED PICK UP: For the protection of program participants, staff MAY ask for a picture ID upon pick up. We will not release participant to any other person NOT listed. Person picking up must be 18 or older unless person is specified by the child's legal guardian.

Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone

SUMMER CAMP WITHDRAWAL/TRANSFER POLICY - Please read and initial below:

- Withdrawal **14 days or more** before camp start date – 100% credit or refund, \$10 processing fee on refunds. No processing fee for transfers between camps.
- Withdrawal **fewer than 14 days** before camp start date – 50% credit or refund, \$10 processing fee on refunds. Transfers are treated as withdrawals with credit on account and are subject to a 50% credit, no processing fee.
- Illness or injury withdrawal, with documentation from medical provider (will miss a full week of camp) – 100% credit on account or refund, \$10 processing fee on refunds.
- Sick/Missed Days - If a camper is going to miss a day of camp for any reason, please notify us as soon as possible at 721-PARK.
- Credits on account expire 12 months from date of issue. Credits are good for any Parks program and at aquatics facilities.

_____ I have read and understand these policies.
Initials

Parks & Recreation
City of Missoula • 600 Cregg Lane • 721-PARK
PERSONAL RELEASE AND ASSUMPTION OF RISK

ASSUMPTION OF RISK I am aware and understand that programs offered by Missoula Parks and Recreation are potentially dangerous activities with the potential for death, serious injury, and property loss. These risks include but are not limited to, hazards of injury to my person or property while engaged in programs offered by Missoula Parks and Recreation. I HEREBY ASSUME ALL RISKS OF PARTICIPATING IN MISSOULA'S PARKS AND RECREATION PROGRAMS. I certify that I am physically fit, have trained sufficiently for participation in this activity, and have not been advised otherwise by a qualified medical person. I am aware and understand the risks of personal injury, accidents, and/or illness, include, but are not limited to sprains, strains, torn muscles, and/or ligaments; fractured or broken bones; eye damage; cuts, wounds, scrapes, abrasions and/or contusions; dehydration, and/or oxygen shortage; head, neck, and spinal injuries; shock; paralysis or death; and serious injury or impairment to other aspects of my body and general health and well-being.

PERMISSION TO RECEIVE FIRST AID & SECURE MEDICAL HELP I give permission for the City of Missoula personnel assigned to my activity to seek emergency medical services for me should I become injured or ill with the understanding that I am responsible for any expenses incurred. I fully understand that the City of Missoula does **NOT** provide any medical insurance coverage for me while participating in City of Missoula programs. I also realize that I may be attended by City of Missoula personnel assigned to my activity until medical care is available.

PERSONAL RELEASE I, do hereby for myself, my heirs, executors, administrators, successors, and assigns, release, indemnify, acquit, and forever discharge the City of Missoula, its employees, elected officials, and insurers from any and every claim, demand, right, or cause of action, property damage, personal injury, costs, loss of service, expenses of any kind, and any compensation whatsoever, which I may ever assert by reason of my or my child's presence and/or participation in THE CITY OF MISSOULA PARKS AND RECREATION DEPARTMENT PROGRAMS, including any claims which might arise from natural, environmental, or weather conditions, and from the nature or condition or manufacture of any structures or appurtenances on the premises, and further including any and all claims which might arise from any use of any equipment which might be attached to or near any structures or appurtenances on the premises, or used in conjunction with the CITY OF MISSOULA PARKS AND RECREATION DEPARTMENT PROGRAM instruction, and all claims which might arise out of the acts or omissions of other persons on the premises, whether directly connected with THE CITY OF MISSOULA PARKS AND RECREATION DEPARTMENT PROGRAMS or not.

TRANSPORTATION CITY OF MISSOULA PARKS AND RECREATION DEPARTMENT staff may drive myself or my child to and from locations included in the program associated with this waiver.

MEDIA AND PROMOTIONAL I hereby authorize the City of Missoula to use my likeness or picture, or that of my child, in photograph/video or social media for advertising or promotion of City of Missoula Parks and Recreation programs.

_____ I **DO NOT** want my or my child's image used for publicity purposes.
Initials

I hereby acknowledge that this release is voluntarily given with full knowledge of the meaning and consequences of this release. I have read the above RELEASE & ASSUMPTION OF RISK AGREEMENT and fully understand its purpose. **I FURTHER UNDERSTAND BY SIGNING THIS DOCUMENT I MAY BE WAIVING MY LEGAL RIGHT TO A JURY TRIAL TO HOLD THE PROVIDER LEGALLY RESPONSIBLE FOR ANY INJURIES OR DAMAGES YOU MAY SUFFER DUE TO THE PROVIDER'S ORDINARY NEGLIGENCE THAT ARE THE RESULT OF THE PROVIDER'S FAILURE TO EXERCISE REASONABLE CARE.**

I willingly sign below and represent that I am 18 years of age or older and otherwise competent to execute this document, or that my legal guardian is also signing this document.

Printed Name _____

Signature* _____ Date _____

**Parent or Legal Guardian if under 18 years of age*

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