



TAHOE DONNER SUMMER ACTIVITIES REGISTRATION LIABILITY WAIVER AND RELEASE

PARTICIPANT'S LAST NAME

Participant's Name: _____ Preferred Name: _____

D.O.B. _____ Age: _____

Parent/Guardian: _____ Mobile Phone: _____

Alternate Phone: _____ Email: _____

Member TD Address: _____

Guest Please provide the member name under which you are registering: _____

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

OTHER PERSONS AUTHORIZED TO TAKE CHILD FROM PROGRAM

Photo ID will be required for pick up if other than parent/guardian registrant.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

All participants are to be picked up immediately at the conclusion of each session. You will be charged \$1 for every minute after the first 5 minutes. This will be strictly enforced. Initial: _____ Date: _____

MEDICAL INFORMATION

Allergies: Y___ N___ If yes, please specify allergen and reaction: _____

Do you have an Anaphylaxis or Asthma Action Plan? Y___ N___ If yes, please provide copy.

Other medical information: _____

Does your child have any activity restrictions? Y___ N___ If yes, please explain: _____

Does your child need any special accommodations? Y___ N___ If yes, please explain: _____

Special information you would like the instructor to know about your child: _____

Physician name/address/phone: _____

Insurance Company(s): _____ Policy Number(s): _____

FOR AQUATICS ONLY: PLEASE HELP US ASSESS YOUR CHILD (CHECK ALL THAT APPLY)

- PUTS FACE IN WATER BLOWS BUBBLES KNOWS HOW TO KICK HAS SWIM TEAM EXPERIENCE
- SWIMS FREESTYLE SWIMS BACKSTROKE SWIMS ACROSS THE POOL ON THEIR OWN DOES 'BIG ARMS'