



City of Kentwood Parks & Recreation Therapeutic Participant Health Form

Name: _____
Address: _____
City: _____ Zip: _____ Birthdate: _____
Home Phone: _____ Work/Cell Phone: _____

Parent/Guardian/Spouse's Name: _____
Home Phone: _____ Work/Cell Phone: _____

-AND-

Emergency Contact Name: _____
Relationship to Participant: _____
Home Phone: _____ Work/Cell Phone: _____

Description of Participant's Disability: _____

Health Insurance Provider: _____
Contract Number #: _____
Doctor's Name: _____
Primary Hospital Preference: _____

Please check any/all that apply then explain, in detail, below:

| | | | |
|---|---|--|--|
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Walker | <input type="checkbox"/> Glasses |
| <input type="checkbox"/> Hearing Aid | <input type="checkbox"/> Helmet | <input type="checkbox"/> Catheter | <input type="checkbox"/> Cane |
| <input type="checkbox"/> Prosthesis | <input type="checkbox"/> Orthosis | <input type="checkbox"/> Seizures | <input type="checkbox"/> Latex/Allergies |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Asthma | <input type="checkbox"/> Restrictive Diet | <input type="checkbox"/> Hep. B Carrier |
| <input type="checkbox"/> Medications | <input type="checkbox"/> Other | <input type="checkbox"/> Behavior Characteristics/Management | |
| <input type="checkbox"/> Therapy (Occupational/Physical/Speech) | <input type="checkbox"/> Toileting or Feeding Assistance Needed | | |

Explanation for above: _____

(Please read & sign liability waiver on back)

Photo/Media Release. I specifically grant permission to Kentwood Parks & Recreation Department to use likeness, voice and words of the participant in television, radio, films, newspapers, magazines and other media, in any form not heretofore described, for the purpose of advertising or communicating the purposes and activities of the Kentwood Parks & Recreation Department and for funds to support such activities.

Waiver. I realize by signing this form, I will not hold the Kentwood Parks & Recreation Department responsible for any injuries that might occur in the programs. I realize the staff of the Recreation Department will do everything possible to offer a safe and injury free program. I also realize that by participating in the programs, there is a certain degree of risk, and that injuries might occur. I also verify, by signing this waiver, the above participant is covered by a medical health plan. If the above participant is not covered by a health plan, I, the undersigned, will assume all financial responsibilities for any injuries that might occur.

In case of emergency, permission is hereby given to the Kentwood Parks & Recreation Department staff to seek emergency medical attention.

Signature: _____ Date: _____
(Must be signed by participant, if over 18, or parent/legal guardian)