

**GRAYSLAKE COMMUNITY PARK DISTRICT  
Sports / League Emergency Form**

**Sport/League** \_\_\_\_\_ **Grade Level** \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone (if different from child's): \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Father's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone (if different from child's): \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

**EMERGENCY CONTACT PERSONS:**

Name:	Relationship to Child:	Phone:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Food Restrictions: \_\_\_\_\_

Physical Limitations: \_\_\_\_\_

**IS THERE ANYONE NOT AUTHORIZED TO TRANSPORT YOUR CHILD FROM GAMES AND/OR PRACTICES?**

Name:	Relationship to Child:	Phone:
_____	_____	_____
_____	_____	_____
_____	_____	_____

**IN CASE OF AN EMERGENCY, MY CHILD MAY BE TAKEN TO THE NEAREST HOSPITAL BY PARAMEDICS**

YES \_\_\_\_\_ NO \_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_

Please add any additional information you feel is necessary for the coach to know about your child:

\_\_\_\_\_



**Please read and sign the Waiver of Liability and the Emergency Treatment agreement on the back of this form.**



**EMERGENCY TREATMENT**

A minor may not be treated, even in an emergency situation except when, in the opinion of the attending physician, a life is in the balance. Written consent is required for all treatment given in any hospital emergency room/center. Consent of a parent or legal guardian is necessary for unmarried minors, and children under the age of 18 except in cases of extreme emergency.

As a parent and/or legal guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the above minor in the event of medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. The authority is granted only after a reasonable effort has been made to reach me. This release form is completed and signed of my own free will, with the purpose of authorizing medical treatment under emergency circumstances in my absence.

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**RELATIONSHIP TO CHILD:** \_\_\_\_\_

**RELEASE TO PERMIT THE TAKING OF PHOTOS**

I understand that unless specifically stated in writing at the time of registration, registrants and participants permit the taking of photos and videotapes of themselves and their children during Park District activities for publication and use as the Park District deem necessary.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**IMPORTANT INFORMATION**

The Grayslake community Park District is committed to conducting its recreation programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents registering their child in recreation programs must recognize however, that there is an inherent risk of injury when choosing to participate in recreation activities. The Grayslake Community Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions, which have been designed to protect the participant's safety. Please recognize that the Grayslake Community Park District does not carry medical accident insurance for injuries sustained in its programs. The cost of such would make programs fees prohibitive. Therefore, each person registering themselves or a family member for a recreation program/activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the Grayslake Community Park District automatically responsible for the payment of medical expenses. Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for the District requires the execution of the following Waiver and Release. Your cooperation is greatly appreciated.

**WAIVER AND RELEASE OF ALL CLAIMS**

Please read this form carefully and be aware that in registering yourself of your minor child/ward for participation in Grayslake Community Park District programs, you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the above programs with the Grayslake Community Park District.

I recognize and acknowledge that there are certain risks of physical injury to participants in Grayslake Community Park District programs and I agree to assume the full risk of any such injuries, including death, damages or loss regardless of severity which I or my child/ward may sustain as a result of participating in any and all activities connected or associated with such programs. Hen registering by fax, it is mutually understood that the facsimile registration document (including the waiver and release of all claims) shall substitute for and have the same legal effect as the original form.

I agree to waive and relinquish all claims I, or my child/ward, may have as a result of participating in the program against the Grayslake Community Park District and other agencies and its officers, agents and employees. I do hereby fully release and discharge the Grayslake Community Park District and its officers, agents, servants, and employees from any and all claims from injuries including death, damages, and losses sustained by me or my child/ward arising out of, connected with, or in any way associated with the activities of any of the programs.

In the event of any emergency, I authorize Grayslake Community Park District officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for the payment of any and all medical services rendered. I also understand that unless specifically stated in writing at the time of registration, registrants and participants permit the taking of photos and videotapes of themselves and their children during Park District activities for publication and use as the Park District deems necessary.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_