

**City of Eaton Rapids Parks & Recreation  
Youth Membership Form & Legal Guardian Release of Liability**

Name of Member: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_.

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

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_.

Social Security #: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_.

List any allergies or physical conditions: \_\_\_\_\_.

\_\_\_\_\_.

List any medications presently being taken: \_\_\_\_\_.

\_\_\_\_\_.

**I, the undersigned Parent/Legal Guardian of the above named member (hereinafter referred to as "Member"), hereby consent to and give my permission for the following:**

1. That Member has my consent and permission to participate as a member of the Eaton Rapids Parks & Recreation Program;
2. That Member has my consent and permission to ride the bus for transportation to other facilities for activities as planned for the day;
3. That Member has my consent and permission to participate in all activities which may also include activities held at other locations;
4. On behalf of the Member and myself, I acknowledge that the Member will be participating at his/her own risk and I, on his/her and my own behalf, hereby release, discharge and indemnify the City of Eaton Rapids, Hamlin Township, Eaton Rapids Public Schools, Eaton Rapids Township and all other affiliates associated with the Parks & Recreation from all liability for injury to person or damage to property of myself and Member arising out of participation in, and transportation associated with the Parks & Recreation Programs;
5. In permitting the Member to participate, I am specifically granting permission to the City of Eaton Rapids to use the likeness, voice and words of the Member in television, radio films, newspapers, magazines and other media, and in any form not heretofore described, for the purpose of advertising or communicating the purposes and activities of the City of Eaton Rapids and appealing for funds to support such activities;
6. If I am not personally at activities in which the Member is participating, so as to be consulted in case of necessity, you are authorized on my behalf and at my account to take such measures to arrange for such medical and hospital treatment as you may deem advisable for the health and well-being of the Member;

**Emergency Contacts: (Please Print) Name:** \_\_\_\_\_ **Day Phone #** \_\_\_\_\_.

**Evening Phone #** \_\_\_\_\_ **Medical Insurance Co.** \_\_\_\_\_.

**Policy #** \_\_\_\_\_.

**Parent/Legal Guardian's Name (Please Print)** \_\_\_\_\_.

**Home Phone #** \_\_\_\_\_ **Cell Phone #** \_\_\_\_\_.

**E-Mail:** \_\_\_\_\_ **Work Phone** \_\_\_\_\_.

**Date:** \_\_\_\_\_ **Parent/Legal Guardian Signature** \_\_\_\_\_.