

Independence Township Parks, Recreation & Seniors

Transportation Evaluation/Medical Form

NAME _____ HOME PHONE _____

STREET ADDRESS _____ CITY _____ ZIP _____ TWP _____

BIRTHDATE _____ AGE _____ CELL PHONE _____

Emergency Contact

NAME _____ RELATIONSHIP _____

HOME PHONE _____ WORK/CELL PHONE _____

Medical Information:

I give permission to Independence Twp. Personnel to give my personal medical information to medical/emergency personnel.

Do you have a physical handicap? Yes () No () Do you need a Handicap Lift? Yes () No ()

Explain _____

Medical problems/special concerns _____

Allergies _____

Medications (attach list if too many to list) _____

(Representatives of department are **NOT** permitted to administer any medications)

Physicians name _____ Phone _____

Address _____ Office Hours _____

Hospital preferred for emergency treatment _____

Health Insurance Company _____

The undersigned, on behalf of himself or herself, or as parent or guardian of such individual, assumes all responsibility for the above participant while enrolled in the activities sponsored by the Parks, Recreation & Seniors Department of Independence Township and with the respect to any actions taken in pursuance of such activities either before or after the activity. Moreover, it is agreed that the Township of Independence and its several departments, officers and employees shall not be liable nor responsible for any property damage and/or personal injury and/or other loss or damage suffered by the participant, on his or her own behalf, or as parent or guardian of participant, release and forever discharge each of such entities and persons from any and all actions, causes of actions, claims and demands with respect to any and all such damage, injury or loss. I understand that it is my responsibility to notify the Parks, Recreation & Seniors Department of any changes in health which may affect participants participation. In the event of any injury, permission is hereby given to the Parks, Recreation & Seniors Department, and to the Director of such department to see that first aid and medical attention are given to the participant, as the discretion of the Director of the Department, or his or her agent or employee in connection with the activity in question. The participant represents that he or she is in good physical condition and able to participate in the activity for which he or she is enrolling and the participant shall be responsible for his or her own health and acknowledges that the activity in which the participant is enrolling may be injurious and participant accepts his or her risk with full knowledge that some athletic programs require the assistance of unscreened volunteer coaches. Photographs may be taken at certain Recreation Department activities, and, unless the department received signed, written objections, photos may be reproduced for publication.

Signature _____ Date _____