

Recreation Department Medical Information

Participants Last Name: _____ First Name: _____

Email _____ Phone# _____

This release shall be effective for the Summer 2023 Adult Pickleball program in which I participate in. I understand that it will remain on file with the recreation director or instructor until that date.

Should I require emergency medical care at any time during the recreation department trips/programs/events and /or activities, and if I am unable to make decisions for myself, I give the recreation department staff and/or chaperones permission to act on my behalf (en loco parentis) regarding medical and surgical emergencies for me. I understand I am responsible for any expenses incurred as a result of medical treatment.

Emergency Contact Name: _____

Emergency Contact Telephone # _____

Emergency Contact Person Name _____

Emergency Contact Person # _____

Physician's Name and Address: _____

Medical Insurance Company _____

ID # _____ Group# _____

Please indicate any special health considerations (Allergies, Medications, Health Conditions, etc.)

I have read and understand this form and will abide by the information pertaining to participation in Bolton Recreation Department activities. I understand the assumption of risk in regard to the possibility of injury due to the nature of activity associated with the events/trips/activities offered during the Recreation Department Season, and I fully release the above information contained in the medical release.

Participant Name (Please Print) _____

Participant Signature: _____

Date: _____