



**South Kingstown Parks and Recreation
Participant Medical Form
Forms are valid for the 2025 calendar year**

Entered into CivicRec by:
_____ (please initial)
on _____ (date)

_____	_____	____/____/____	_____	_____
Child's Last Name	Child's First Name	Date of Birth	Grade	Male/Female
_____	____/____/____	_____	_____	_____
1) Parent / Guardian (full name)	Date of Birth	Relationship to Child	Primary Phone	Alternate Phone
_____	____/____/____	_____	_____	_____
2) Parent / Guardian (full name)	Date of Birth	Relationship to Child	Primary Phone	Alternate Phone
Primary Email Address: _____		Secondary Email Address: _____		

PHOTO USAGE AGREEMENT

I give permission for the South Kingstown Parks and Recreation Department to use my child's name and/or picture (including photos, videos, or any other images) to promote their activities, both in print and on social media.

Please check one:

Yes, SKPR can use my child's name and/or picture **No, SKPR cannot use my child's name and/or picture**

CHILD RELEASE

Please check only one release option. **Note: there will be an amended sign out policy for Youth Basketball and Flag Football**

Option A: General Release: Child is allowed to leave at the conclusion of the activity with an adult listed on this form.
OR

Option ID: Photo ID & Signature Required at Pick Up: This option should be used only for extreme circumstances (i.e. custody/court order, etc). **NOTE:** Individuals authorized to pick up must sign the child out with a staff person and will be required to show a photo ID as proof of identification every time. If an individual is not on the authorized list and/or does not have proof of identification, the child will not be released until permission is obtained from the parent/guardian.

EMERGENCY CONTACT INFORMATION

The contacts listed below are authorized to pick up your child and be **contacted in case of an emergency in the event parents or guardians cannot be reached.** Contacts must be 16 or older.

- Please list in order of preference the individuals you want contacted

3) Full Name: _____ Relationship to child: _____ Primary phone: _____

4) Full Name: _____ Relationship to child: _____ Primary phone: _____

*Please notify all contacts that they are listed on this form.

PARTICIPANT MEDICAL CONCERNS AND ALLERGIES

Please list any allergies, special conditions, needs, or limitations your child may have.

Note: While we understand and respect your child's privacy and the information listed on this form, there may be a need for staff to discuss these medical issues with your child's instructor. This will help them prepare in advance and help better serve the needs of your child during camp. While we are committed to providing a supportive and inclusive environment for all children, it's important to note that we are not licensed healthcare professionals and may not be fully equipped to meet every specialized need. We encourage open communication to ensure we can work together in the best interest of your child.

***By initialing here you agree to allow the Recreation Supervisors to release that information.**

By signing below, I certify all information is true and correct to the best of my knowledge.

Signature:

Date: