



Pima County Natural Resources, Parks and Recreation
Participant information form

PROGRAM _____ SITE _____

This release and information form must be filled out completely with current information, signed and turned in prior to the participant attending the program. Program participation will not be permitted without responsible party signature on this form. This form is used for all recreation programs and is for the health and safety of the participant. If some questions do not apply, please indicate with "N/A".

PARTICIPANT INFORMATION:

NAME _____ PHONE _____

ADDRESS _____ ZIP _____

DATE OF BIRTH _____ AGE _____ MALE _____ FEMALE _____

Does the participant have a disability that requires assistance? _____ Yes _____ No

Explain _____

Identify any behavior concerns and how to deal with them _____

MEDICATION:

Is participant taking medication? _____ Yes _____ No

Will medication be taken during program hours?(If yes, request Medication forms) _____ Yes _____ No

Are there any medical conditions we should be aware of (allergies, medical conditions, etc.)? _____

Limitations/restrictions (activity or diet) _____

Any additional information to assist staff: _____

PARENT/GUARDIAN INFORMATION:

PARENT/GUARDIAN NAME _____

ADDRESS _____ ZIP _____

EMAIL:

HOME PHONE _____ WORK _____ CELL _____

PARENT/GUARDIAN/SPOUSE NAME _____

ADDRESS _____ ZIP _____

EMAIL:

HOME PHONE _____ WORK _____ CELL _____

