



**DeWitt Area Recreation Authority Therapeutic Health Form**

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP \_\_\_\_\_ Birthdate: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work/Cell \_\_\_\_\_

Parent/Guardian/Spouse's Name: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work/Cell \_\_\_\_\_

-AND-

Emergency Contact Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work/Cell \_\_\_\_\_

Description of Participant's Disability: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_

Contract Number #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Primary Hospital Preference: \_\_\_\_\_

Pleas check any/all that apply and explain, in detail, below:

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Crutches                               | <input type="checkbox"/> Wheelchair                             | <input type="checkbox"/> Walker           | <input type="checkbox"/> Glasses         |
| <input type="checkbox"/> Hearing Aid                            | <input type="checkbox"/> Helmet                                 | <input type="checkbox"/> Catheter         | <input type="checkbox"/> Cane            |
| <input type="checkbox"/> Prosthesis                             | <input type="checkbox"/> Orthosis                               | <input type="checkbox"/> Seizures         | <input type="checkbox"/> Latex/Allergies |
| <input type="checkbox"/> Diabetes                               | <input type="checkbox"/> Asthma                                 | <input type="checkbox"/> Restrictive Diet | <input type="checkbox"/> Hep. B Carrier  |
| <input type="checkbox"/> Medications                            | <input type="checkbox"/> Behavior Characteristics/Management    | <input type="checkbox"/> Other            |  |
| <input type="checkbox"/> Therapy (Occupational/Physical/Speech) | <input type="checkbox"/> Toileting or Feeding Assistance Needed |   |  |

Explanation for above: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please read and sign liability waiver on back)

## **Release of Liability**

In order for your child to participate, you must read and sign the following.

### **Waiver and Release to Hold Harmless Agreement**

For consideration of certain services provided by the DeWitt Area Recreation Authority/City of DeWitt/DeWitt Township and the use of the facilities and fields for the City of DeWitt/DeWitt Township for scheduled or unscheduled recreational events to be held, the undersigned as a participant and/or parent/guardian of a minor participant, hereby waives, releases, forever discharges and holds harmless the DeWitt Area Recreation Authority/City of DeWitt/DeWitt Township and their respective Councils, Boards, Committees, Commissions, Officers, all parties involved, Employees and Representatives and their Events Coordinator from any and all claims, actions, causes of action, demands, rights, damages, costs, expenses and compensation whatsoever, for bodily injury and/or property damage, or other loss which may hereafter accrue to the undersigned, including claims for injury to any minor child or children of the undersigned participating in the events, arising out of such recreational events or activities related thereto, whether on or off the premises. I also understand that any activity or event has possible inherent dangers and present the possibility of injury.

### **Consent to Photograph/Videotape and Disseminate Without Compensation**

I hereby consent for my child to be photographed/videotaped while participating in any activity offered by the DeWitt Area Recreation Authority (DARA). In addition, I consent to the reproduction and use of any such photographs and videotapes by DARA for educational, informational, public relations and promotional purposes and I waive any claim by myself, the above named minor child, or anyone claiming under or through us, for compensation of any kind in exchange for such photographs, videotapes and use.

**In case of emergency**, permission is hereby given to the DeWitt Area Recreation Authority staff to seek emergency medical attention.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Must be signed by participant, if over 18, or parent/legal guardian)