

CITY OF MIDDLEBURG HTS RECREATION

*****Adapted Recreation Program*****

These are uniquely designed SPORTS and RECREATION PROGRAMS for individuals with physical and/or mental disabilities. This form will remain in effect until changed at the request of the parent/guardian.

MEDICAL RELEASE FORM

Date _____

I DO _____ DO NOT _____ GIVE CONSENT for Emergency Medical treatment of program participant's (their name) _____.

Birth date _____

Age _____

In the event of illness or injury requiring emergency medical treatment, I wish Middleburg Hts. Recreation to contact _____ at

() _____ Cell, () _____ Home or () _____ Work

If I am Unavailable to be reached, I CONSENT to medical treatment administered by the preferred:

Physician – Dr. _____ () _____

Dentist - Dr. _____ () _____

In event designated practitioner is unavailable, take individual to:

Preferred Hospital _____

And alert Dr. _____

Individual's Disability (for instructor's information only):

PHOTO RELEASE FORM

The following statement regards "authorization" for the use of the program participants photograph for the purpose of coverage of the ADAPTED RECREATION PROGRAM' activities, publications and in the News Media.

_____ YES, I CONSENT to your using the participant's picture

_____ NO, I DO NOT CONSENT to your using the participant's picture

Signature Individual (18 & over)/ Parent / Guardian

Date