

CITY OF UNION CITY - UNION CITY COMMUNITY & RECREATION SERVICES DEPARTMENT
EMERGENCY INFORMATION CARD

Youth Program: _____

PARTICIPANT'S NAME: _____ AGE: _____

ADDRESS: _____ CITY/ZIP: _____

DATE OF BIRTH: _____ SCHOOL: _____ GRADE: _____

PARENT'S NAME: _____

EMAIL: _____ HOME PHONE: _____

WORK PHONE: _____ **CELL PHONE:** _____

FAMILY DOCTOR CONTACT / PHONE: _____

IN CASE OF AN EMERGENCY AND PARENT CANNOT BE REACHED, PLEASE CONTACT:

1 NAME _____ RELATION: _____ PHONE: _____

2 NAME _____ RELATION: _____ PHONE: _____

Additional authorized adults:

SPECIAL INTERESTS/HOBBIES: _____

SWIMMING ABILITY: _____

ALLERGIES, SPECIAL NEEDS OR MEDICAL RESTRICTIONS: _____

I GRANT PERMISSION FOR THE ABOVE-NAMED MINOR TO PARTICIPATE IN THE ABOVE ACTIVITY/ PROGRAM. I, the undersigned, agree to indemnify and hold harmless the City of Union City, the New Haven Unified School District, their elected officials, commissions, boards and employees, from and against any and all liability which may arise as the result of my child's participation in these activities. I also grant full permission to any and all of the foregoing to use my name and any photographs, videotape, motion pictures or recordings for any publicity and promotion purposes without obligation or liability to me.

PARENT / GUARDIAN SIGNATURE: _____ **DATE:** _____

THIS CARD MUST BE ON FILE WITHIN 1 DAY OF INITIAL ENTRANCE INTO UCCRS PROGRAM
PARTICIPANT WILL NOT BE ALLOWED TO PARTICIPATE UNTIL CARD IS COMPLETE AND ON FILE.
PLEASE KEEP CARD EMERGENCY INFORMATION UP TO DATE & NOTIFY PROGRAM LEADER OF ANY
CHANGE IN PARTICIPANTS INFORMATION.