



# OnDaRise

## Participant Information Form

Name of participant: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Name of program/camp: \_\_\_\_\_

Start date: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**Emergency contact:** *(If different than parent/guardian)*

Name: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

### Pick-Up Arrangements

1. I hereby authorize the following additional person(s) to pick up the participant each day. If there are any changes in these arrangements, I will let the program staff know (in writing) in advance.

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

2. Is the participant permitted to walk home at the end of each day? Yes \_\_\_ No \_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**Health Information**

**Family Doctor:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Does the participant have a disability or require support? Yes \_\_\_ No \_\_\_**

*If yes, please specify and include any information our staff may need to know by answering the questions on the Inclusion Support Information Sheet.*

**Medication/Allergies and Swim Level/Ability**

1. Does the participant have any allergies? (Food/drug/environmental, etc.) Yes \_\_\_ No \_\_\_

*If yes, please indicate each and the treatment required:* \_\_\_\_\_

2. Does the participant have a life-threatening allergy? (Anaphylaxis). Yes \_\_\_ No \_\_\_

3. Does the treatment for this allergy involve the use of an epi-pen? Yes \_\_\_ No \_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

## Photo Release Form

I give the Ondarise permission to use, for promotional purposes, by any means, including for use on the website and social media accounts, the following:

- Photographic and digital images of me.
- Videos of me.
- I do not give permission.

I waive any right to inspect or approve of the finished photo or video.

Name:

Parental signature if 18 and under:

Date: