



LIVE UNITED
"Lifting Families in our Community out of Poverty"



Youth Member _____
 Family Member _____
 Non-Member _____
 Adult Member _____

Buhl Community Recreation Center Program/ Special Events Release/Emergency Medical Release and Waiver of Liability

PARTICIPANT'S NAME _____

PHONE _____ DOB _____ AGE _____ GRADE _____

ADDRESS _____ City _____ STATE _____ ZIP _____

E-MAIL _____

Check programs Member / Non Member is registering for:

_____ Dance _____ Gymnastics _____ Cheerleading _____ Swimming _____ Youth Sports
 _____ Synchronized Swimming _____ STEM _____ Art _____ Day Camp _____ Special Programs
 _____ Child Care _____ Adult Gymnastics

I have my child's doctor's permission to participate in the Buhl Community Recreation Center activities listed above. I fully understand the potential risk involved in participation with these programs. In the event that a medical emergency should occur, I hereby give permission to receive medical treatment.

I hereby release, waive, discharge and agree to indemnify and hold harmless the Buhl Community Recreation Center (BCRC), it's directors, officers, employees, and agents from any loss, liability, damage or any cost including any claim or demands therefore on account of an injury / damage to my property while I am on BCRC premises, or observing or using any facilities or equipment of the BCRC or participating in a BCRC program.

I hereby consent to have photographers/ video images taken of me/ my minor child by the BCRC staff member or a professional approved by the BCRC staff, and the use of such visual images at the discretion of the BCRC. I hereby release the BCRC, its directors, officers, and employees and agents from any and all liability which may arise from the taking or the use of such photographs/images. All negatives, positives, prints or visual images shall remain property of the BCRC.

I hereby have read and voluntarily sign this release and waiver of liability. I further agree to follow the BCRC safety Policies and Procedures along with the program Rules and Regulations and Membership Comfort and Safety Rules and Regulations. Failure to do so may result in my expulsion from the BCRC and its programs. I have read and understand the BCRC Refund Policy on programs/ memberships.

Emergency Medical Release

Are there any allergies, medical problems, or medications that the BCRC and/or medical personnel should be informed about? No _____ Yes _____

If you answered yes please explain: _____

I hereby give my consent permitting BCRC personnel to apply First Aid treatment until the family doctor _____ (practitioner name) or emergency medical personnel can be contacted.

No _____ Yes _____

In the event the designated practitioner is unavailable, I hereby my consent to the BCRC personnel to secure another licensed practitioner. No _____ Yes _____

I hereby give my consent to the BCRC personnel to secure ambulance service and transfer my child to the closest emergency medical treatment center _____ (Hospital preferred)

I assume any expenses incurred for emergency medical treatment considered necessary by BCRC Staff and representatives.

Participant's Name (please Print) _____

Participant's Signature _____

Date _____

Guardian Signature is Participant is a minor (under age 18) _____

Date _____

Staff Witness _____

United Way Demographics: with the funding we receive from the United Way, the information below is required as part of our contractual obligation. Thank you

Gender: Female _____ Male _____

Race Ethnicity:

African American _____ Asian, Pacific Islander _____ Hispanic _____ Unknown _____

American Indian _____ Caucasian _____ Multiracial _____ Other _____

Income:

Below Poverty Level _____ Low Income _____ Above Low Income _____ Unknown _____

Age:

0-5 _____ 6-9 _____ 10-12 _____ 13-18 _____ 19-24 _____ 25-34 _____ 35-54 _____ 55-64 _____

65-74 _____ 75-84 _____ 85+ _____

Zip Code: _____

How did you hear about us? Facebook _____ Newspaper _____ Buhl Staff Member _____

Currently a Member _____ Other _____

Name of Member or staff member who referred you _____