



# Leadership Adventure Program

T-Shirt size: AS AM AL AXL AXXL

Participant name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Participant phone: \_\_\_\_\_

Participant e-mail: \_\_\_\_\_

## Parent/ Guardian Contact (list in order you would like to be contacted):

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

Relation: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

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

Relation: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

E-Mail for program correspondences: \_\_\_\_\_

## EMERGENCY CONTACT – OTHER THAN PARENTS

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

Relation: \_\_\_\_\_

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

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

Relation: \_\_\_\_\_

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



**IMPORTANT!! Continue on the back of form**

# Health History and Preferences for Medical Treatment

**Health History** (*Check— give approx. dates*)

- Frequent Ear Infections \_\_\_\_\_
- Heart defect/disease \_\_\_\_\_
- Convulsions \_\_\_\_\_
- Epilepsy \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Blood Disorders \_\_\_\_\_
- Hypertension \_\_\_\_\_
- Mononucleosis \_\_\_\_\_
- Chicken Pox \_\_\_\_\_
- Measles \_\_\_\_\_
- German Measles \_\_\_\_\_
- Mumps \_\_\_\_\_
- Other: \_\_\_\_\_

**Allergies** (*Check*)

- Hay Fever \_\_\_\_\_
- Poison Ivy/ Oak \_\_\_\_\_
- Insect Bites/ Stings (please list) \_\_\_\_\_
- Penicillin \_\_\_\_\_
- Other Drugs (please list) \_\_\_\_\_
- Asthma \_\_\_\_\_
- Other: \_\_\_\_\_

**Note:** Program policy requires those found to have head lice, including “nits” or “eggs”, not return until treated and no signs remain.

**Physicians Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Dentist/ Orthodontist:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Hospital Preference:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Youth’s Insurance Co.:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**Policy Holders Name:** \_\_\_\_\_ **Relationship to Youth:** \_\_\_\_\_

*In the case of life threatening emergencies, 911 will be called and contact with parent/ guardian will be made as soon as possible. Otherwise, parents will be notified immediately for consultation.*

### *Recommendations and Restrictions*

**List any treatment or medications to be administered during program time (Must complete Authorization to Administer Medication Form). \* Note medications are dispensed at meal times or bed time:**

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\* All medication administered must be in the original container, and will be dispensed according to prescribed dosage during meal times or bed time. Communicate with the Program Coordinator regarding all medications.

**The Leadership Adventure Program is outdoor adventure based and will provide activities that may be strenuous and challenging. Please list any activities that need to be limited or restricted while participating:**

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

\_\_\_\_\_  
Date



**CITY OF CONROE, PARKS AND RECREATION DEPARTMENT**  
**Release, indemnity and hold-harmless agreement**

STATE OF TEXAS  
COUNTY OF MONTGOMERY

IN CONSIDERATION OF THE BELOW-NAMED CHILD BEING PERMITTED TO PARTICIPATE IN THE CITY OF CONROE RECREATION/EDUCATION (“PROGRAM”), AT MY SPECIAL INSTANCE AND REQUEST, I, FOR AND ON BEHALF OF MYSELF, MY MINOR CHILD, AND MY HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS, RELEASE, ACQUIT AND FOREVER DISCHARGE THE CITY OF CONROE, TEXAS, TOGETHER WITH ITS FORMER AND PRESENT ELECTED AND APPOINTED OFFICIALS, LEGAL REPRESENTATIVES, EMPLOYEES, AGENTS, SERVANTS, VOLUNTEERS, (IN BOTH THEIR PUBLIC AND PRIVATE CAPACITIES), SUCCESSORS, ASSIGNS AND ALL AFFILIATED PERSONS AND ENTITIES (COLLECTIVELY THE CITY) OF, FROM AND AGAINST ANY AND ALL LIABILITIES OF EVERY KIND, CLAIMS CAUSES OF ACTION, KNOWN AND UNKNOWN, WHETHER AT LAW OR IN EQUITY, IN CONTRACT OR TORT, UNDER STATUTORY OR COMMON LAW OR PURSUANT TO THE TEXAS OR UNITED STATES CONSTITUTION(S), LOSSES, JUDGMENTS, (INCLUDING ALL EXPENSES OF LITIGATION, COSTS, AND ATTORNEYS’ FEES), FINES, DEMANDS, DAMAGES, LOSS OF USE OR SERVICES, OR INJURIES TO REAL AND/OR PERSONAL PROPERTY AND/OR PERSONS (INCLUDING DEATH) (COLLECTIVELY CLAIMS), CAUSED BY, ARISING OUT OF, RELATING TO, RESULTING FROM, OR IN ANY WAY TOUCHING UPON ANY EVENT, CIRCUMSTANCE OR TRANSACTION RELATING TO MY CHILD’S PARTICIPATION IN THE PROGRAM AND/OR THE PRESENCE, MALFUNCTION, MAINTENANCE, ADDITION OR SUBSTITUTION OF ANY PROPERTY OWNED, LEASED, OPERATED, OR UTILIZED BY THE CITY IN CONNECTION WITH THE PROGRAM EVEN IF THE CLAIM IS THE RESULT OF THE ACTUAL OR ALLEGED SOLE NEGLIGENCE OF THE CITY AND/OR THE ACTUAL OR ALLEGED JOINT OR CONCURRENT NEGLIGENCE OF THE CITY AND ANY OTHER PERSON OR ENTITY AND/OR THE ACTUAL OR ALLEGED STRICT, STATUTORY OR CONSTITUTIONAL LIABILITY OF THE CITY.

FURTHER, I, FOR AND ON BEHALF OF MYSELF, MY MINOR CHILD, AND MY HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS, DO HEREBY AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE CITY OF, FROM AND AGAINST ANY AND ALL CLAIMS ASSERTED BY ANY PERSON OR ENTITY AGAINST THE CITY ARISING OUT OF, TOUCHING UPON OR IN ANY WAY RELATING TO THE PROGRAM AND/OR TO THE PRESENCE, MALFUNCTION, MAINTENANCE, ADDITION OR SUBSTITUTION OF ANY PROPERTY OWNED, LEASED, OPERATED, OR UTILIZED BY THE CITY AND/OR ANY OTHER PERSON OR ENTITY IN CONNECTION WITH THE PROGRAM EVEN IF THE CLAIM IS THE RESULT OF THE ACTUAL OR ALLEGED SOLE NEGLIGENCE OF THE CITY AND/OR THE ACTUAL OR ALLEGED JOINT OR CONCURRENT NEGLIGENCE OF THE CITY AND ANY OTHER PERSON OR ENTITY, AND/OR THE ACTUAL OR ALLEGED STRICT, STATUTORY OR CONSTITUTIONAL LIABILITY OF THE CITY. AS SUCH, THE FOREGOING INDEMNITY IS INTENDED TO INDEMNIFY THE CITY AGAINST THE CONSEQUENCE OF ITS SOLE NEGLIGENCE OR FAULT AND AGAINST THE CONSEQUENCE OF THE NEGLIGENCE OR FAULT OF THE CITY OCCURRING JOINTLY OR CONCURRENTLY WITH THE NEGLIGENCE OR FAULT OF ANY PERSON OR ENTITY AND AGAINST THE CONSEQUENCE OF THE STRICT, STATUTORY, OR CONSTITUTIONAL LIABILITY OF THE CITY.

I ALSO GIVE THE CITY PERMISSION TO USE THESE MEDIA FOR ANY PURPOSE THE CITY DEEMS PROPER. FINALLY, I UNDERSTAND THAT THESE PHOTOS, VIDEOS, FILM AND SOUND RECORDINGS ARE THE EXCLUSIVE PROPERTY OF THE CITY. I HEREBY GIVE CONSENT FOR EMERGENCY MEDICAL ASSISTANCE IN THE EVENT THAT THE EMERGENCY CONTACT IS UNAVAILABLE.

NAME OF CHILD: \_\_\_\_\_

PARENT’S NAME: (Please print) \_\_\_\_\_

PARENT’S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_