



Public Health
Prevent. Promote. Protect.

Warren County Health Department
104 W. Booneslick, Suite H
Warrenton, MO 63383
636-456-7474

Fun & Games, Exercise & Dance Registration & Consent Form
February 18, 2012

Please Print Clearly

NAME OF CHILD	AGE	BIRTHDATE	MALE FEMALE
PARENT / GUARDIAN			
ADDRESS	CITY	STATE	ZIP
HOME PHONE	WORK PHONE	CELL PHONE	
Do you have health insurance? YES NO (please circle)			
Insurance Company Name		Insurance Policy Number	
Insurance Company Address	City	State	Zip
Insurance Company Phone			
Does your child have any allergies? (please circle)	YES	NO	If yes, please explain:
Describe any special needs (medical, physical, or mental challenges) we should be aware of:			
Does your child have any special dietary needs? (please circle)	YES	NO	If yes, please explain:
Date of last Tetanus immunization:			

If necessary, I approve of officials taking my child, _____, to the nearest doctor or hospital. I further understand that, should a health problem arise, I will be notified. If I cannot be reached by phone, such medical treatment, including surgery, as deemed necessary by competent medical personnel, would be rendered.

EMERGENCY CONTACT INFORMATION

Name	Relationship	
Home Phone	Work Phone	Cell Phone
Family Physician	Office Phone	Home Phone

Event Acceptance

Education events and activities are coordinated by the Warren County Health Department. All participants must observe the following guidelines for conduct:

- 1) Participate fully in all sessions.
- 2) Show respect for property/facilities used during the event and assume financial responsibility for any damages caused.
- 3) Observe the established agenda.
- 4) Appropriate and courteous behavior is expected. Swearing and obscene gestures are not permitted. All should be treated with respect and common courtesy. Participants are expected to dress appropriately. Clothing with alcohol or tobacco advertisements, sexual connotations, etc. is prohibited.
- 5) No alcohol, stimulants, non-prescription drugs or tobacco products will be allowed.

I understand and accept the responsibility for following the above guidelines and understand that failure to do so will result in dismissal from the event or activity. Further, I accept financial responsibility for damages to property or materials, travel costs and/or program costs that might result from violation of this agreement. I understand and agree that in consideration of the acceptance in these activities, we release the County of Warren, Warren County Health Department, their respective officers, agents, and/or employees from all liability and loss (including court costs and attorney fees) resulting from any property damage, personal injury, and bodily injury including death to me in the course of these events. We will be bound by all rules and regulations while participating in said events.

CHILD PHOTO AUTHORIZATION:

I, _____, authorize the Warren County Health Department to make pictures and sound recordings of my child/children _____ and use the same in any form for its purpose and consent that the pictures and recordings may be copied, published, telecast or broadcast for such purpose together with descriptions and editorial comments. The Warren County Health Department is not responsible for third party photographs.

Date	Signature of Parent/Guardian
	X
Date	Signature of Child
	X