

# St. Clairsville Department of Parks & Recreation

Presents

Payment:

\$5      \$10

Cash      Check

Staff initial:

## 2018 Junior Angler Classic

**Wednesday August 8, 2017**

**6.00PM—8.00PM**

**Rain Date: Saturday August 11, 2017 at 9.00AM**

**St. Clairsville City Reservoir**

**Cost:**

**Resident—\$5 per child**

**Non-Resident—\$10 per child**

Calling all kids ages 4 to 13! Grab your rod and tackle box and join us for an evening of fishing fun! Registrations will be accepted online at [stcrecdept.recdesk.com](http://stcrecdept.recdesk.com) or in-person at the Recreation Department office until 3.00PM August 6 and in-person at the City Reservoir from 5.00PM to 5.45PM.

Awards and/or Prizes will be given out in each age group for Most Inches of Fish Caught. In addition an award will be given out for the Most Fish Caught and for Biggest Fish Caught. Hot dogs and drinks will be provided for each child participant.

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

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

Telephone: \_\_\_\_\_ Gender: M / F

Email: \_\_\_\_\_

I, the undersigned parent/guardian agree to allow the above named child to participate in the 2017 Junior Angler Classic and agree to hold the St. Clairsville Department of Parks & Recreation harmless from and against any and all liability for any injury which may be suffered by the aforementioned participant arising out of or in any way connected with his/her participation in the 2017 Junior Angler Classic. I further agree to abide by the rules and regulations set forth for this event by the St. Clairsville Department of Parks & Recreation and will cause any and all participants under my supervision to abide by the same.

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

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## Emergency Medical Authorization

**Purpose:** To enable parents and guardians of participants to authorize the provision of emergency treatment for the children or participants who become ill or injured while under Dept. of Parks & Recreation activities when the parent or guardian cannot be reached.

Participants Name: \_\_\_\_\_ Program Participating In: \_\_\_\_\_

### **Part I (To Grant Consent):**

In the event reasonable attempts to contact me , \_\_\_\_\_ at \_\_\_\_\_ (phone number) or \_\_\_\_\_ (cell phone) have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by the following doctors:

Preferred Physician Name & Phone: \_\_\_\_\_

Preferred Dentist Name & Phone: \_\_\_\_\_

In the event the designated practitioner is not available, I consent to care by another licensed physician or dentist. If the transfer of \_\_\_\_\_ (participant's name) is necessary I grant consent of the transfer to \_\_\_\_\_ (preferred hospital) for any reasonable and necessary care. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the participant's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted in the space provided below:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **HIPPA Consent:**

The St. Clairsville Department of Parks & Recreation acknowledge and abides by all rules of the HIPPA Act.

Yes, I do consent to release emergency medical information on this form to the Recreation Department office staff, emergency personnel and coaches.

No, I do consent to release any or all information pertaining to my child.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If participant is over 18) Revised on 8.25.14

**Photo Consent:** I grant permission for the Recreation Center to publish photos of me on the appropriate website, electronic communication and or other publications for advertisement purposes. I authorize the use of these images without compensation to me and understand these photos will be made available to the general public. I agree that that my name and identity may be revealed in a descriptive text or commentary in connection with these images. Should I object to any photo I will give notice to the director or webmaster as soon as possible for the photo to be removed.

(Parent) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Do NOT complete Part II if you completed Part I**

### **Part II (Refusal to Consent)**

I do **NOT** give my consent for the emergency medical treatment of my child or myself. In the event of illness or injury requiring emergency treatment, I wish the St. Clairsville Department of Parks & Recreation authorities take no action to:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_