



Participant Profile Form

GENERAL INFORMATION

Name: _____

Name of Program: _____ Location: _____

Birthdate: _____ Age: _____ Gender: _____ Email address: _____

Address: _____ County: _____

Main Contact: _____ (H) _____ (W) _____ (C)

Alternate Contact: _____ (H) _____ (W) _____ (C)

Emergency Contact (non-guardian): _____ (H) _____ (W) _____ (C)

HEALTH/OTHER INFORMATION

Primary Physician's Name: _____ Physician's Phone Number: _____

Has the individual been immunized? Yes (State of MD School) Yes (Out of State/Homeschool) No
Immunization form required if participant did not attend a MD public/private school last year

Are there any health issues staff should be aware of? Yes (Health/Medication Form Required) No
Health form required if participant indicates ANY health/medication/allergy issues

Is the participant to be swim-tested or a non-swimmer? Swim Test Non-Swimmer
Participants who pass the swim test will be designated by staff as a Swimmer and have full access to all water depths/features. Those who do not pass the swim test are re-designated as Non-Swimmers. Non-Swimmers will not take the swim test and are restricted to chest-deep water.

RELEASE AUTHORIZATION

I hereby represent and warrant that if the individual listed above is a minor, I am his/her guardian and authorized to provide the releases, authorizations, and permissions as stated below and all information is accurate and complete. I hereby give permission for the individual to participate in all program activities, including field trips in approved vehicles (Board of Education buses, M-NCPPC vans, coach buses, and other forms of transportation) and agree to release The Maryland-National Capital Park and Planning Commission, its officers, employees, and agents from all liability arising from any harm or injury incurred by the participation of the individual in the program stated above. Unless otherwise indicated by a parent/guardian in writing at the time of registration, photographs of participants for use in Commission publications may be taken while participating in the program activities. No personal information other than the participant's first name will be released under any circumstances except as required by law. I authorize the staff of The Maryland-National Capital Park and Planning Commission to obtain medical/hospital treatment for the above in the event of an emergency.

Printed Name (Parent/Guardian if under 18) _____ Signature (Parent/Guardian if under 18) _____ Date _____