

**City of Lake Oswego Parks & Recreation Department  
Teen Service Corps Permission Slip**

To insure each participant's safety and protection, the following information must be completed prior to participation in our program. By completing this form, the parent/guardian is permitting this child to participate in the Teen Service Corps program with Lake Oswego Parks & Recreation.

Date: \_\_\_\_\_ School/Grade: \_\_\_\_\_

Name of Participant \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Street Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City, State & Zip \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Email Address: \_\_\_\_\_ Would you like to receive our Teen Scene Newsletter? Yes No

Does the participant take any medications?  Yes  No (A medication form must be on file before medication can be taken during program)

List any dietary restrictions/allergies/other medical conditions we should be aware of : \_\_\_\_\_

Does the participant require any special accommodations to participate in this program?  
\_\_\_\_\_

**Lake Oswego Parks & Recreation strives to provide appropriate, supportive activities for all participants. To do so, the more information about the participant provided to us, the greater our ability to provide a rewarding experience. IF A PARTICIPANT IS BEING TREATED FOR A MEDICAL OR MENTAL CONDITION, OR IS PARTICIPATING IN AN IEP (INDIVIDUALIZED EDUCATION PROGRAM) AT SCHOOL, WE STRONGLY ENCOURAGE YOU TO CONTACT US FOR A CONFIDENTIAL MEETING WITH THE TEEN PROGRAM COORDINATOR ABOUT THE TEEN SERVICE CORPS ACTIVITIES AND THE PARTICIPANT'S ABILITIES AND NEEDS.**

**ACKNOWLEDGEMENT OF PROGRAM DESIGN**

I, the undersigned, as parent/guardian for the named minor participant, understand the following program characteristics of the Teen Service Corps Program. Youth participants will be allowed to sign themselves out of the program at will. The program will provide staff supervision of participants participating in program activities. Participants must be pre-registered for the program activities utilizing the City of Lake Oswego Parks & Recreation Department designated registration format. Participants will be required to follow program guidelines which were developed by the City of Lake Oswego Parks & Recreation Department. Program procedures are available during the program.

\_\_\_\_\_  
(Parent Signature)

**MEDICAL CONSENT & LIABILITY RELEASE**

I, the undersigned, as parent/guardian for the named minor participant, understand that during any Lake Oswego Parks & Recreation Department Programs, he/she may suffer from aches, pains, strains or other injuries, including death or dismemberment. I understand that any cost for any expenses, such as medical bills, doctor bills and lost wages, incurred as a result of accidental injury or death while participating in Parks & Recreation Department programs **WILL NOT BE PAID** by the City of Lake Oswego. I understand that the City of Lake Oswego Parks & Recreation Department only provides transportation to and from selected service projects and field trips, and that I may transport my minor participant in my own vehicle or car pool with others at my own risk.

I understand that any special physical or mental condition the above named minor participant has may be affected by participation in this program. I understand that it is my responsibility to consult a physician about any questions I might have regarding the advisability of participation in this program. I do hereby authorize employees or agents of the City of Lake Oswego to consent to emergency medical, surgical or dental examination, treatments, etc. to be administered to my minor participant in the event of accident or sudden illness during Parks & Recreation Department programs.

I, the undersigned, intending to be legally bound, hereby for myself, my heirs, executors, administrators, waive, release and hold harmless the City of Lake Oswego, its employees, officers, agents, volunteers, and all other parties and their representatives, successors and assigns from any and all loss or damage resulting directly or indirectly for injuries suffered by the named minor participant or me in this program. I attest and verify that the minor participant is participating with my approval at their own risk.

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

If you have any questions or comments please feel free to contact Cydney Winslow, Teen Program Coordinator at 503-697-6589.