

Does the applicant have allergies? Yes No

If yes, please give a brief explanation: _____

- Does the applicant: Use a wheel chair----- Yes No
- Use crutches----- Yes No
- Use/wear braces----- Yes No
- Need assistance climbing stairs----- Yes No
- Need assistance dressing----- Yes No
- Need assistance eating----- Yes No
- Need assistance using the bathroom--- Yes No
- Have difficulty controlling bladder---- Yes No
- Have speech difficulty----- Yes No
- Have hearing difficulty----- Yes No

Please give a brief explanation of each "Yes" circled above: _____

Please list any other information you would like us to know about the applicant:

I hereby give my approval for (applicant's name) _____ to participate in the West Fargo Park District Special Needs Program. I understand that the West Fargo Park District does not provide medical insurance nor will the West Fargo Park District be responsible for medical expenses. I hereby authorize the instructors of this program to act for me according to their best judgement in any emergency requiring medical attention and hereby waive and release the West Fargo Park District and its instructors from any and all liability for any injuries. I also certify that my child is medically fit to participate in this program and has sufficient medical insurance. I give permission for applicant to participate in field trips and ride on a bus. If in Camp-A-Day program, I give permission for applicant to swim at the Veterans Memorial Pool. I also understand that the West Fargo Park District staff will not administer medication to participants.

Printed Name of Parent or Guardian

Signature

Date