

CITY BEETS APPLICATION 2012

FIVE RIVERS
METROPARKS



Use this application to apply for City Beets participant position (ages 12 - 15) and/or City Beets youth manager positions (ages 12-15). Please complete the front and back of this form.

(Please print)

APPLICANT INFORMATION

Teen's Name: _____

Birth date: *month* _____ *day*: _____ *year*: _____

Grade School Year 2010-11: _____

Parent/Guardian 1 Name: _____

Address Parent/Guardian 1: _____

City: _____ State: _____ ZIP: _____

Work Phone: (_____) _____ - _____ Home Phone: (_____) _____ - _____

Cell Phone: (_____) _____ - _____ Email: _____

Parent/Guardian 1 Name: _____

City: _____ State: _____ ZIP: _____

Work Phone: (_____) _____ - _____ Home Phone: (_____) _____ - _____

Cell Phone: (_____) _____ - _____ Email: _____

EMERGENCY MEDICAL INFORMATION

In the event of an accident or emergency, Five Rivers MetroParks must have this information. Please complete the following:

Allergies (foods, drugs, animals, other; be specific): _____

Medications taken now: _____

Other medical conditions or physical impairments: _____

In case of emergency, please contact (only if different from above):

Work Phone: (_____) _____ - _____ Home Phone: (_____) _____ - _____

Cell Phone: (_____) _____ - _____

Name of Child's Physician: _____

Phone: (_____) _____ - _____

Insurance Carrier: _____

ID number: _____

Please complete other side

PARENT OR GUARDIAN CONSENT

<p>If the contact listed above cannot be reached, I hereby give my consent for Five Rivers MetroParks to take appropriate medical action by taking my child to either my preferred physician or to an accessible and reasonable medical facility.</p> <p><i>Preferred hospital:</i> _____</p>	<p>Initial: _____</p>
<p>I give Five Rivers MetroParks staff permission to administer first aid with the following items: sunscreen, bug spray, calamine lotion, anti-bacterial ointment and Band-Aids unless medical allergies are noted.</p>	<p>Initial: _____</p>
<p>I give Five Rivers MetroParks staff permission to administer only the prescription drugs I provide in the original container with proper administration label to my child. (Youth may not self-administer any prescription or non-prescription drugs while at any Five Rivers MetroPark.)</p>	<p>Initial: _____</p>
<p>I hereby grant Five Rivers MetroParks permission to transport my child to and from off-site activities when participating in Five Rivers MetroParks' programs.</p>	<p>Initial: _____</p>
<p>Photos or videos may be taken of youth when participating in Five Rivers MetroParks' activities. I give Five Rivers MetroParks and its partners permission to use photographs or videos of my child for promotional purposes.</p>	<p>Initial: _____</p>
<p>I understand that the staff, Ohio State University Extension and Five Rivers MetroParks are not responsible in the event of accidental injury or illness.</p>	<p>Initial: _____</p>
<p>Consistent attendance is a high priority. I understand that my child may be removed from the program if they do not have consistent attendance or prior notification of absence.</p>	<p>Initial: _____</p>
<p>I understand that my child might participate in research projects/program evaluation while at Five Rivers MetroParks. I understand that I will be informed in writing of any research projects/program evaluation prior to the research being conducted.</p>	<p>Initial: _____</p>

Signature: _____ Date: _____

City Beets is a Five Rivers MetroParks' program for teens, hosted at Wegerzyn Gardens MetroPark

