



This form must be completed and submitted to NTPRD prior to the program date. It may also be submitted with the Registration Form. The form may be mailed or dropped off in person to the address above. If information changes, it is your responsibility to submit an updated form.

Child's Name: _____ Birthdate: _____ Age: _____ M F
 Address: _____ City: _____ Zip: _____
 Parent/Guardian: _____ Phone: _____ Home Cell Work
 Email: _____ Phone: _____ Home Cell Work
 Emergency Contact: _____ Phone: _____ Home Cell Work
(other than above)

Health History Record

Please provide information in relation to any health conditions, behavioral concerns, dietary needs, medication or special needs. All information will remain confidential. Note: NTPRD staff is not authorized to dispense any medication.

Is your child on medication? No Yes If yes, what? _____

Health Concerns (Check all that apply)

Asthma Inhaler? Diabetes Fainting Seizures

Other: _____

Allergies (Check all that apply; specify allergen and the nature of reaction)

Animals/Insects _____ Medicine _____
 Food _____ Other _____
 Plants _____ Epi-pen? Yes No

Other Concerns (Check all that apply)

ADD/ADHD Communication Impairment Emotional Disorder Special Diet
 Autism Spectrum Disorder Developmentally Delayed Hearing Impairment Other
 Behavioral Disorder Down Syndrome Speech Impairment

Please provide any additional information to assist us in meeting the needs of your child:

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

Release Agreement

I, the undersigned, hereby assume all risks and hazards incidental to the conduct of activities and transportation to and from the National Trail Parks and Recreation District (NTPRD) while participating in registered programs. I do further hereby resolve, absolve, indemnify and hold harmless the NTPRD, its Board, organizers, sponsors and instructors appointed by them.

I also grant the NTPRD and the City of Springfield permission to publish in print, electronic or video format the likeness or image of myself or child. I release all claims against the NTPRD and the City of Springfield with the respect to copyright ownership and publication, including any claim for compensation related to use of the materials.

Signature of Parent or Guardian: _____ Date: _____

NTPRD Use Only (Check All Camps Registered for Child)

Baseball Equine Science Volleyball Nature Explorers
 Basketball Golf Soccer Camp Get Up & Go Trail Tots
 Cheerleading Performing Arts Tennis Camp Kidstuff