



Permission Form
To be completed by parent or guardian prior to volunteering.

Child's name (please print) \_\_\_\_\_ [ ] Female [ ] Male
Home phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_
Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_
Parent/Guardian \_\_\_\_\_ Home phone (\_\_\_\_) \_\_\_\_\_
Work phone (\_\_\_\_) \_\_\_\_\_ Cell phone/pager (\_\_\_\_) \_\_\_\_\_

How did you hear about us? [ ] School [ ] Word of Mouth [ ] Brochure

The following should be contacted in case of emergency, only if parent or guardian cannot be reached AND if they are authorized to pick up the child:

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_
Phone Day (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_
Family Doctor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_
Family Dentist \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_
Do you carry family medical/hospital insurance? [ ] Yes [ ] No
Carrier \_\_\_\_\_ Policy/Group # \_\_\_\_\_

TRPD Volunteer Project your child is registering for: \_\_\_\_\_

Photo Release

I hereby release all pictures of my child taken by TRPD for promotional purposes and programming materials including the TRPD website. [ ] Yes [ ] No Initials \_\_\_\_\_

Transportation Release

My child has permission to be transported by TRPD staff and/or in:
\_\_ TRPD vehicle \_\_ School Bus or other program van [ ] Yes [ ] No Initials \_\_\_\_\_

My child has permission to drive, walk, or bike to and/or from:
\_\_ the Program \_\_ Home \_\_ TRPD sponsored program [ ] Yes [ ] No Initials \_\_\_\_\_

Parent/Guardian Authorization

In the event that my child needs immediate medical attention for injuries received while participating in a TRPD program, I authorize the TRPD staff to give my child reasonable first aid, and to transport my child to a health care facility for emergency services as needed. I hereby acknowledge that TRPD will assume that either parent of the child may pick up the child at any time during the program unless there is pertinent court documentation on file at TRPD that indicates otherwise.

I acknowledge that by participating in the program sponsored by Three Rivers Park District, my child may be exposed to certain risks, which could result in personal injury or property damage. I hereby assume such risks and agree to release Three Rivers Park District from any claims arising from the inherent risks of these program activities.

I understand that the program may involve strenuous outdoor activities and my child may encounter certain risks including, but not limited to, adverse weather conditions, uneven terrain, encounters with insects and other animals, etc., which may result in injury.

In consideration of Three Rivers Park District providing my child the opportunity to participate in the program, I hereby agree to release Three Rivers Park District from claims of personal injury or property damage caused by the negligence of Three Rivers Park District, it's directors, officers, employees, volunteers, or agents.

Parent/Guardian Signature:

Date:

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**Please return the completed form to the Three Rivers Park District Volunteer Office or to the staff member your child is working with.**

**Three Rivers Park District Volunteer Office  
763-559-6706**

12615Co. Rd. 9 Plymouth, MN 55441  
[www.ThreeRiversParkDistrict.org/volunteer](http://www.ThreeRiversParkDistrict.org/volunteer)

Fax: 763-557-4943

E-mail: [Volunteer@ThreeRiversParkDistrict.org](mailto:Volunteer@ThreeRiversParkDistrict.org)

Noreen Buhmann, Volunteer Resources Manager: 763-694-2042  
Deb Vosler, Volunteer Resources Coordinator: 763-559-6704  
Brad Blackett, Volunteer Resources Assistant: 763-559-6706