



S.T.A.R. PROGRAM PARTICIPANT FORM 2026

Participant Name: _____ DOB: _____ Age: _____

Participant Cell: _____ Home Email: _____

Parent/Guardian Name: _____

Phone: _____ Work Phone: _____

Address: _____

Parent/Guardian Name: _____ Phone: _____

Phone: _____ Work Phone: _____

Address: *(If different than above)* _____

Who to call if parents cannot be reached:

Name/Relation: _____ Phone: _____

Name/Relation: _____ Phone: _____

Doctor's Name: _____ Phone: _____

Medical Insurance Co: _____ Policy #: _____

Is there any allergy or medical information that we need to be aware of: _____

Is there any other information regarding your child that the staff should be aware of?

Henrietta Recreation staff CANNOT administer any type of medication except for an epipen or inhaler in an emergency medical situation

Please Note: If your child requires an Epipen or asthma inhaler to be on the program site, you will need a **Doctor's Action Plan** from your child's physician. If your child has any medical concerns including emergency medication use, "**A Special Needs Form**" will also need to be filled out by a parent or guardian. Forms are available at the Recreation Department. If you would like one mailed out, please call 359-2540. All Medical Forms will need to be returned to the Recreation Department by Friday, June 12, 2026. Emergency Medication will not be able to be kept at the program site until all forms are received.

Please check and initial.

- ❖ _____ My child has my permission to carry sunscreen and self-administer.
- ❖ _____ My child has my permission to carry insect repellent and self-administer.
- ❖ _____ I give my permission to program staff to assist my child with the above applications.



Who other than parent/guardian is allowed to pick up your child from this program?

❖ Walk or ride bike home (Please Circle) Yes No

❖ Name: _____ Relationship: _____ Phone: _____

❖ Name: _____ Relationship: _____ Phone: _____

Any additional information you would like the staff to be aware of? _____

Acknowledgement, Release & Hold Harmless for Participation in Town of Henrietta Programs

I acknowledge that I and/or a minor under my supervision (the "Minor") has requested to participate in a Town of Henrietta Parks and Recreation Program (the "Program"). As part of the consideration for such participation, I hereby acknowledge my understanding of and agreement to the below.

I certify that I and/or the Minor has no medical or physical conditions which would or could interfere with safety in this Program, and that to the extent I and/or the Minor does have a condition, including whether unforeseen or unknown, I assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.

I understand that accidents, including serious bodily injury, illness, death and/or property damage, could occur during participation in the Program. I acknowledge that participation in the Program is at my and/or the Minor's own risk, all of which risk I have understood and/or have explained to the Minor, and all of which I expressly agree and promise to accept and assume. I certify that my and/or the Minor's participation in this Program is purely voluntary and is chosen despite these risks.

This risk includes the potential contraction of illness, including for example, coronavirus / COVID-19. This virus and other illnesses can be very contagious, and the risk of exposure and contraction is likely to increase in situations where persons are together and not isolated, such as during participation the Program.

To the fullest extent permitted by law, I agree to bear the cost of any injury, illness or damage that may be caused or suffered by me and/or the Minor while participating in the Program, and I release, indemnify and hold harmless the Town of Henrietta for any claims, losses, liability, charge, cost, expense or damages of any nature whatsoever, including reasonable attorney's fees, which may arise from or in any way relate to the Program, whether caused by negligence of the Town or otherwise, whether by accident, unforeseen or otherwise, specifically including but not limited to claims of mine and/or the Minor.

I understand that the Town of Henrietta does not provide accident and/or medical insurance coverage for participation in the Program, and certify that I have sufficient medical coverage to cover any medical needs which may arise out of participation in the Program.

By signing this document, I acknowledge that if a potential claim arises in relation to me and/or the Minor's participation in this Program, a court of law may find me to have waived the right to maintain a lawsuit against the Town of Henrietta as a result of this document.

Additionally, I understand, acknowledge and agree that the Town of Henrietta may videotape or photograph program participants for exclusive use by the Town of Henrietta only, in the Town's catalogs, website, brochures, pamphlets, and/or flyers for purposes of publicizing its programs. I grant full permission to the Town to use me and/or the Minor's photograph or video for such purposes without obligation or liability.

If any part of this agreement is deemed void, the remainder of the agreement shall remain enforceable.

Parent/Legal Guardian Signature _____ Date _____