WILLOW RIDGE
COMMUNITY ASSOCIATION

Emergency Contact, Medical Information Form, Photo Release, & Permission to Travel Off-Site

_____ Child's name

_____ Child's Age

_____ Parent/Guardian's Name

_____ Phone Number

_____ Email Address

_____ Emergency Contact *(Cannot be the same as parent)*

_____ Emergency Contact Phone Number

Medical Information
(Please list all allergies and any health conditions)

_____
_____
_____
_____
_____

Off-Site Activities

I give permission for my child to go off-site within a 1km radius of the Willow Ridge Community Association. I release Willow Ridge Community Association and its employees from liability in case of an accident during activities related to WRCA Kids Program if normal safety precautions have been taken.

_____ Parent/Guardian's Name

_____ Parent/Guardian's Signature

_____ Date

Photo Release Permission

☐ I grant permission for the Willow Ridge Community Association (WRCA) to use photographs of my child for promotional purposes, including print materials, social media, advertisements, and other WRCA communications. My child's name and identifying personal information will not be included.

☐ I do not grant permission for my child's photograph to be used.

_____ Parent/Guardian's Name

_____ Parent/Guardian's Signature

_____ Date