



2011 Volunteer Form

CLEAR LAKE PARK

JUNE 13-15

JULY 11-13

PLEASE CHECK BOX

Volunteer's Name: _____ Date of Birth: _____

Volunteer's Social Security Number: _____ Male Female

Parent / Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (day): _____ (cell): _____

The undersigned participants on behalf of themselves and their children, agree to hold Houston Safe Boating Council, American Watercraft Association, Houston Police Department, Clear Lake Area Chamber of Commerce and/or adult staff of Texas W.A.D.E., its agents, employees and officials, while acting within the scope of their duties, harmless from all causes of action, demands, and claims, including the cost of their defense, arising in favor of the child participant or third parties on account of personal injuries, death or damage to property arising out of activities at the premises and in any way connected with the activities on the participant in Texas W.A.D.E. Programs.

Volunteer's Signature: _____ Date _____

Parent / Guardian's Signature: _____ Date _____

T-Shirt Size: S M L XL XXL XXXL

The W.A.D.E. participants, including volunteers, may be photographed for publicity purposes.

I do do not give permission for my child to be photographed for use in area publications.



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Medical Information

Allergies: Food, medicines, insects, plants Yes No

If yes, list: _____

General Information:

Check:	Yes	No	Check:	Yes	No
Asthma	___	___	Heart trouble	___	___
Cancer/leukemia	___	___	Hemophilia	___	___
Convulsions/seizures	___	___	High blood pressure	___	___
Diabetes	___	___	Kidney disease	___	___
Hemophilia	___	___	ADD/ADHD	___	___

Explain: _____

List any medications to be taken: _____

List any physical or behavioral conditions that may affect or limit full participation in WADE events:

Immunizations: Give dates of last inoculations.

DPT _____ Mumps _____ Rubella _____
 Polio _____ Measles _____

List equipment needed such as glasses, contact lenses, etc.: _____

Emergency Contacts (Notify in case of illness or injury if parent / guardian cannot be reached):

Name: _____ Relationship: _____

Office Phone: _____ Home Phone: _____

Medical Release (optional, but recommended): I authorize the adult advisors of Texas W.A.D.E. to seek medical attention for my child in the event of a medical emergency.

Parent / Guardian's Signature: _____ Date _____