

**City of Lake Oswego Parks & Recreation Department**  
**2024-25 TEEN LOUNGE EMERGENCY CONTACT FORM**

**LOPR strives to provide appropriate, supportive activities for all participants. Information about the participant provided to us, increases our ability to provide a rewarding experience. IF A PARTICIPANT IS BEING TREATED FOR A MEDICAL OR MENTAL CONDITION, OR IS PARTICIPATING IN AN IEP (INDIVIDUALIZED EDUCATION PROGRAM) AT SCHOOL, WE REQUIRE A CONFIDENTIAL CONSULTATION WITH THE TEEN PROGRAM COORDINATOR ABOUT THE TEEN LOUNGE AND THE PARTICIPANT'S ABILITIES AND NEEDS. For safety and liability reasons, staff reserve the right to remove any participant who displays aggressive or challenging behaviors that are inappropriate in this setting. Alternative program options will be recommended when possible.**

Date: \_\_\_\_\_ School/Grade: \_\_\_\_\_

Name of Participant \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Street Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City, State & Zip \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Email Address: \_\_\_\_\_ Would you like a monthly email of the Teen Scene Newsletter? Yes  No

Does the participant take any medications?  Yes  No (A medication form must be on file before medication can be taken during program)

List any dietary restrictions/allergies/other medical conditions we should be aware of : \_\_\_\_\_

Does the participant require any special accommodations to participate in this program?

\_\_\_\_\_

**AKNOWLEDGEMENT OF PROGRAM DESIGN**

I, the undersigned, as parent/guardian for the named minor participant, understand the following characteristics of the LO Teen Lounge:

**The LO Teen Lounge is designed for independent, self-directed teens.**

**The LO Teen Lounge is not a childcare/daycare program.**

**Youth participants will be allowed to sign themselves out of the program at will.**

The LO Teen Lounge program provides oversight of program activities. Participants must be pre-registered for program activities. Participants will be required to follow program guidelines which were developed by the City of Lake Oswego Parks & Recreation Department. Program procedures are available on-site. Movies shown at the LO Teen Lounge could include ratings of G, PG or PG-13. Video games utilized in the program are rated E (everyone) or T (teen). Television shows shown at the LO Teen Lounge are rated TV-PG or TV-14.

\_\_\_\_\_  
(Parent Signature)

**MEDICAL CONSENT & LIABILITY RELEASE**

I, the undersigned, as parent/guardian for the named minor participant, understand that during any Lake Oswego Parks & Recreation Department Programs, he/she may suffer from aches, pains, strains or other injuries, including death or dismemberment. I understand that any cost for any expenses, such as medical bills, doctor bills and lost wages, incurred as a result of accidental injury or death while participating in Parks & Recreation Department programs **WILL NOT BE PAID** by the City of Lake Oswego. I understand that the City of Lake Oswego Parks & Recreation Department provides transportation from selected schools to the Lounge and to and from selected field trips in a bus or passenger van, and that I may transport my minor participant in my own vehicle or car pool with others at my own risk.

I understand that any special physical or mental condition the above named minor participant has may be affected by participation in this program. I understand that it is my responsibility to consult a physician about any questions I might have regarding the advisability of participation in this program. I do hereby authorize employees or agents of the City of Lake Oswego to consent to emergency medical, surgical or dental examination, treatments, etc. to be administered to my minor participant in the event of accident or sudden illness during Parks & Recreation Department programs.

I, the undersigned, intending to be legally bound, hereby for myself, my heirs, executors, administrators, waive, release and hold harmless the City of Lake Oswego, its employees, officers, agents, volunteers, and all other parties and their representatives, successors and assigns from any and all loss or damage resulting directly or indirectly for injuries suffered by the named minor participant or me in this program. I attest and verify that the minor participant is participating with my approval at their own risk.

\_\_\_\_\_  
(Parent Signature) Date: \_\_\_\_\_

Participants in Lake Oswego Parks & Recreation (LOPR) programs, activities and events consent to the City's use of images taken by staff using photography, video, and/or drone captures. The images may be used for promotional purposes in print and digital media, and social media platforms.

\_\_\_\_\_  
(Parent Signature) Date: \_\_\_\_\_

If you have any questions or comments please feel free to contact Jordan Morales, Teen Program Specialist at 503-534.5434.