

A. Youth Waiver (please fully complete waiver with a pen):

Participant Name: _____

Birthdate: _____ **Age:** _____ **Gender:** Male Female

B. Completion required by all participants. Primary and Secondary must reside at same Household address. If not, complete box D

Household Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Household Home Phone: (____) _____

Household Primary Name: _____

Birthdate: _____ **Gender:** Male Female **Email:** _____

Primary Cell Phone: (____) _____ **Provider:** _____ **Primary Work Phone:** (____) _____

Household Secondary Name: _____

Birthdate: _____ **Gender:** Male Female **Email:** _____

Secondary Cell Phone: (____) _____ **Provider:** _____ **Secondary Work Phone:** (____) _____

C. Completion required by all participants. List any Emergency Contacts other than Household members listed above.

Emergency Contact Name:	Relation:	Home Phone:	Work Phone:	Cell Phone:	Allowed to Pick Up?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

D. Only complete this box if a Youth Participant resides within two separate Households.

Household Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Household Home Phone: (____) _____

Household Primary Name: _____

Birthdate: _____ **Gender:** Male Female **Email:** _____

Primary Cell Phone: (____) _____ **Provider:** _____ **Primary Work Phone:** (____) _____

Household Secondary Name: _____

Birthdate: _____ **Gender:** Male Female **Email:** _____

Secondary Cell Phone: (____) _____ **Provider:** _____ **Secondary Work Phone:** (____) _____



Program Registration and Waiver Form

Asian American Resource Center
8401 Cameron Road
Austin, Texas 78754
Phone: 512-974-1700

E. Completion required by all participants.

Medical Care Information

1. Any known allergies to food/drugs, insect stings, poison ivy/other plants, etc.? {Yes _____} {No _____} Please Specify: _____

2. Any known existing illnesses? {Yes _____} {No _____} Please Specify: _____

3. Please list any physical condition that could restrict activities or have a need requiring special care in order to participate in program/activity.

4. **For Youth & Children Only:** Does Participant require prescription medication during program hours? Program must exceed 1 hour. {Yes _____} {No _____} If yes, please complete a Medication Authorization form.

Personal Information Privacy Policy

We collect personally identifiable information, like names, postal addresses, email addresses, etc., when voluntarily submitted by our visitors. The information you provide is used to fulfill your specific request. This information is only used to fulfill your specific request, unless you give us permission to use it in another manner, for example to add you to one of our mailing lists. {email opt out? _____}

Image Release Waiver

I hereby consent to allow usage of photographs and video taken during this program and at our sites for publicity purposes in printed materials, and on our website. Photographs remain the property of the City of Austin Parks and Recreation Department. If you do not want to allow photos or videos, then please initial. {opt out? _____}

Accessibility Accommodation Request

The City of Austin is proud to comply with the Americans with Disabilities Act. If you require assistance for participation in our programs or use of our facilities, please call 512.974.3910. Do you require accommodations? {Yes _____} {No _____} (Optional)

Standards of Care Notification

Children's programs/activities supervised by Parks and Recreation Department and requiring enrollment/registration in order to participate are not licensed by the state, but follow standards of care adopted in the City of Austin Ordinance No. 20120426-123. A copy is available and posted at each site.

Release of Liability

In consideration of participant being allowed to participate in the registered class(es) or program(s), the undersigned hereby releases the City, its employees and agents, from any action, claim or demand for personal injury or property loss arising from or due to any negligent act or omission of the City, its agents or employees. This release shall have no effect with regard to damages caused by the City's gross negligence. In the event the City or a volunteer provides transportation for the registered participant, this waiver and release shall extend to and release the City employee driver from any and all liability. Permission is given for any emergency medical treatment, operation or anesthesia which might become necessary. I agree to be responsible for the expense of medical treatment or service.

Please Print Name: _____

Signature: _____ Date: _____

Participant's Name: _____

Site Specific Questions

Are you or your spouse a City of Austin employee? {Yes _____} {No _____}

Would you like to receive the newsletters by email? {Yes _____} {No _____}

What school does your child attend? _____

How did you hear about us? _____

Asian American Resource Center Cancellation and Refund Procedure:
 7 days prior to the first day of class will be refunded the class fee minus the \$35 non-refundable deposit. If the receipt amount is \$35 or less, the refund will be half of the class fee. No refunds or transfers are issued for registrations cancelled less than 7 days prior to the first class. Full Cancellation and Refund Procedure is available at austintexas.gov/aarc or by calling 512-974-1700. I acknowledge that I have been informed of the AARC's Cancellation and Refund Procedures.

Office Use
 Only Informed by phone?
 Staff Initials: _____

Payer Name: _____

Payer Signature: _____ Date: _____

Method of Payment (payment required at time of registration)

Cash (please bring exact amount) **Check** (make payable to City of Austin-AARC) **Credit Card** (complete info below)

Credit Card Number: _____

Visa MC AMEX DISC **Card Expiration Date:** _____ **Card Verification Code:** _____

Cardholder Signature: _____

Mailing Address and Billing Address Same? Yes No (if no, please provide that address)

Youth Program Only Parents may select the auto-payment plan, which authorizes our office to automatically charge your credit card on the program payment due date.

Auto-Payment Authorization _____ (today's date) Cancel Auto-Payment Authorization _____ (today's date)

Registration Function Class / Camp / Activity Title	Times AM/PM?	Class Date(s)	Class Fee	*Camp Deposit (see below)	<u>Office Use Only</u> Amount Paid Today	Cash / Check Number / CC ID & Auth Receipt Number	Date/Time Staff Initials
	AM PM		\$	\$	\$		
	AM PM		\$	\$	\$		
	AM PM		\$	\$	\$		
	AM PM		\$	\$	\$		
	AM PM		\$	\$	\$		
	AM PM		\$	\$	\$		
	AM PM		\$	\$	\$		
	AM PM		\$	\$	\$		
	AM PM		\$	\$	\$		
	AM PM		\$	\$	\$		

***Summer Camp Only:**

Summer Camp(s), can be paid in full at the time of registration to secure a space in a session.

or

Summer camp(s) can be secured with a \$35.00 non-refundable deposit per session per child; with the remaining balance due fourteen (14) days prior to the first day of the camp session. Unpaid students are dropped from the roster without refund thirteen (13) days prior to the first day of the camp session. If you are adding Early and/or Late pickup to your Summer Camp(s), then payment is due at the same time as your Summer Camp balance for each session.

