

A Participant (*youth participants are not required to complete the email and phone numbers within box A*)

Name: _____
Birth Date: _____ Age: _____ Gender: Male Female
Mailing Address: _____ Zip: _____
Email: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____



Waiver/Registration Form
Aquatic Division Office
2818 San Gabriel
Austin, Texas 78705
Phone: (512) 974-9332 Fax: (512) 974-9344

Waiver Directions: Please print legibly in ink, or complete electronically
Adult Participants should fully complete boxes **A, B & E.**
Guardians of Youth Participants should fully complete boxes **A, B, C, D & E.**
Aquatic Participants should not complete box **D.**

B Primary Guardian/Emergency Contact (Authorized to update waiver? Yes No)

Name: _____
Mailing Address: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Email: _____

C Secondary Guardian/Emergency Contact (Authorized to update waiver? Yes No)

Name: _____
Mailing Address: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Email: _____

D Emergency & Non-Custodial Release Contacts Other Than Guardians (Please list contact persons in order of priority)

Please Initial: _____

Name	Home Phone	Work Phone	Cell Phone	Relationship to Child	Authorized to pick up Child?
					<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

E Medical Care Information and Other Information

- Any known allergies to food/drugs, insect stings, poison ivy/other plants, etc.? Yes No
If so, please specify: _____
- Any known existing illnesses? Yes No
If so, please specify: _____
- Please list any physical condition that could restrict activities or have a need requiring special care in order to participate in program/activity. _____

For Youth and Children Participants Only

Does participant require prescription medication during program hours? **Note:** Program must exceed 1 hour. Yes No **If so, please complete a Medication Authorization form.**

Image Release Waiver

I, the undersigned, hereby consent to allow the use of photographs and video taken during this program and at our sites for promotional purposes in printed materials and on the City website. Photographs remain the property of the City of Austin Parks and Recreation Department. If I choose not to allow the use of photographs or video for the purpose stated above, I will indicate so with my initials in the space provided. _____

Accessibility Accommodation Request

The City of Austin proudly complies 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 the 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 City of Austin Ordinance No. 20110324-060. Copies of the ordinance are available and posted at each site.

Release of Liability

Regarding permitted participation in registered class(es) or program(s), I, the undersigned, hereby release the City of Austin ("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 gross negligence on the part of the City. 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.

Signature: _____ Printed Name: _____ Date: _____

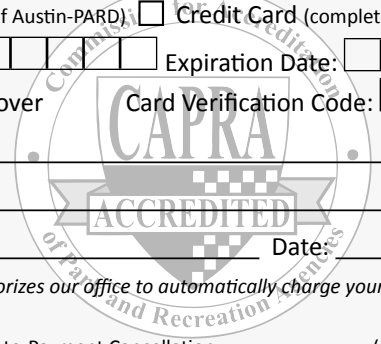
Participant's Name: _____

Site Specific Questions

Are you or your spouse a City of Austin employee? Yes No
 Would you like to receive updates by email? Yes No
 T-Shirt Size, If applicable: Youth XS Youth S Youth M Youth L
 Adult S Adult M Adult L Adult XL Other: _____
 What school does your child attend? _____
 Are you interested in becoming a volunteer coach? Yes No
 If applicable, Volunteer Coach T-shirt Size: _____

Method of Payment (payment required at time of registration)

Cash (please bring exact amount) Check (make payable to City of Austin-PARD) Credit Card (complete info below)
 Credit Card Number: _____ Expiration Date: _____
 Visa MasterCard American Express Discover Card Verification Code: _____
 Card Holder's Name (as it appears on the card): _____
 Billing Address (if different from mailing address): _____
 Cardholder Signature: _____ Date: _____
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) Auto-Payment Cancellation _____ (today's date)



Registration Function Class/Camp/Activity Title	Times AM/PM?	Class Dates	Class Fee	Deposit	Office Use Only Amount Paid Today	Cash/Check Number/Credit Card ID & Authorization Receipt Number	Date/ Time Staff Initials
	<input type="checkbox"/> AM <input type="checkbox"/> PM		\$	\$	\$		
	<input type="checkbox"/> AM <input type="checkbox"/> PM		\$	\$	\$		
	<input type="checkbox"/> AM <input type="checkbox"/> PM		\$	\$	\$		
	<input type="checkbox"/> AM <input type="checkbox"/> PM		\$	\$	\$		
	<input type="checkbox"/> AM <input type="checkbox"/> PM		\$	\$	\$		
	<input type="checkbox"/> AM <input type="checkbox"/> PM		\$	\$	\$		
	<input type="checkbox"/> AM <input type="checkbox"/> PM		\$	\$	\$		
	<input type="checkbox"/> AM <input type="checkbox"/> PM		\$	\$	\$		

SWIM LESSONS (only complete for Aquatic Program Registration)

Choice	Session	Pool	Level	Time	Dates	Fees	\$
First Choice							\$
Second Choice							\$
Third Choice							\$
Fourth Choice							\$

REFUND POLICY: Refunds policies are program specific. Please refer to the policy of the program for which you are registering.