

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

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  M  F

Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_



**Waiver/Registration Form**  
 Mexican American Cultural Center-MACC  
 600 River Street  
 Austin, Texas 78701  
 Phone: 512-974-3785 Fax:512-974-3777

**Waiver Directions:**

Please complete waiver with an ink pen.  
 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 1st Guardian /Emergency Contact** [Authorized to update waiver? {Yes\_\_\_} No\_\_\_}]

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**C 2nd 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?
					{Yes___} {No___}
					{Yes___} {No___}
					{Yes___} {No___}
					{Yes___} {No___}

**E Medical Care Information**

- Any known allergies to food/drugs, insect stings, poison ivy/other plants, etc.? {Yes\_\_\_} {No\_\_\_} Please Specify: \_\_\_\_\_
- Any known existing illnesses? {Yes\_\_\_} {No\_\_\_} 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 Only**

Does Participant require prescription medication during program hours? Program must exceed 1 hour. {Yes\_\_\_} {No\_\_\_} **If yes, please complete a Medication Authorization form.**

**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. 20110324-060. 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.

Signature: \_\_\_\_\_ Please Print 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 \_\_\_\_\_}

What school does your child attend? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Would you be interested in volunteering? {Yes \_\_\_\_\_} {NO \_\_\_\_\_}

Registration Function Class / Camp / Activity Title	Times AM/PM?	Class Dates	Class Fee	Deposit	Office Use Only 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		\$	\$	\$		
	AM PM		\$	\$	\$		
	AM PM		\$	\$	\$		

**SWIM LESSONS/WATER FITNESS/ADULT SWIM TEAM** (only complete for Aquatic Program Registration):

**1st choice:** Session: \_\_\_\_\_ Pool: \_\_\_\_\_ Level: \_\_\_\_\_ Time: \_\_\_\_\_ Dates: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

**2nd choice:** Session: \_\_\_\_\_ Pool: \_\_\_\_\_ Level: \_\_\_\_\_ Time: \_\_\_\_\_ Dates: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

**3rd choice:** Session: \_\_\_\_\_ Pool: \_\_\_\_\_ Level: \_\_\_\_\_ Time: \_\_\_\_\_ Dates: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

**REFUND POLICY:** Refund policies are program specific. Please refer to the refund policy of the program that you are registering for.

