

**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:** \_\_\_\_\_ **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:** \_\_\_\_\_ **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**

Emma S. Barrientos Mexican American Cultural Center  
 600 River Street  
 Austin, Texas 78701  
 Phone: 512-974-3785

**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 so that ALL individuals can enjoy and benefit from our recreation and leisure services. If you require assistance or a modification for participation in our programs or use of our facilities, please call **512-974-3914** to consult with an Inclusion Coordinator at **least two weeks prior** to an event, activity or registration deadline. 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 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 \_\_\_\_\_}

**Method of Payment** (payment required at time of registration)

**Cash** (please bring exact amount)  **Check** (make payable to City of Austin-PARDI)  **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 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		\$	\$	\$		
	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.

