

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

Lorraine "Grandma" Camacho Activity Center
 35 Robert Martinez Jr. St.
 Austin, TX 78702
 Phone: 512-391-1863 Fax: 512-391-1896

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: _____

