Signification Significatio	A. Youth Waiver (ple						Program Registration and W Hancock Recrea 811 East
B. Completion required by all participants. Primary and Secondary must reside at same Household Mailing Address:	· —						PARKS & Austin, T
Medical Care Information Medical Care Inform	Birthdate:	A	.ge:	Gender:	☐ Male Fer	male	_
Household Mailing Address: Zip: Household Home Phone: Household Primary Name:	B. Completion required by a	all participants. F	Primary and Secondar	y must reside at same	Household address	s. If not, complete box D	Medical Care Information
Specify Spec	Household Mailing Add	ress:				Zip:	etc.? {Yes} {No} Please Specify:
Birmdate: Gender: Male Female Email:	Household Home Phone:_						2. Any known existing illnesses? {Yes} {No} P
Bernhade: Gender: Male Fernale Email: Provider; Primary Work Phone; Fernale Email: Fernale E							
4. For Youth & Children Only: Does Participant required by all participants. List any Emergency Contacts other than Household members listed above. Emergency Contact Name: Home Phone: Work Phone: Allowed to Pick Upr Information is only used to fulfill your specific request, unless the provider is an another manner. Or example to add your selection of the participants of the provider is used to fulfill your specific request, unless the mail addresses, etc., when voluntarily submitted by our information is only used to fulfill your specific request, unless the mail addresses, etc., when voluntarily submitted by our information is only used to fulfill your specific request, unless the mail addresses, etc., when voluntarily submitted by our information is only used to fulfill your specific request, unless the mail addresses, etc., when voluntarily submitted by our information is only used to fulfill your specific request, unless the mail addresses, etc., when voluntarily submitted by our information is only used to fulfill your specific request, unless the mail addresses, etc., when voluntarily submitted by our information is only used to fulfill your specific request, unless the mail addresses, etc., when voluntarily submitted by our information is only used to fulfill your specific request, unless the mail addresses, etc., when voluntarily submitted by our information is only used to fulfill your specific request, unless the mail addresses, etc., when voluntarily submitted by our information is only used to fulfill your specific request, unless the mail addresses, etc., when voluntarily submitted by our information is only used to fulfill your specific request, unless the mail addresses, etc., when voluntarily submitted by our information in another manner. In request, unless the fulfill your specific representation to constitute the fulfill your specific representation to constitu	Birthdate: Gender: Male Female Email:						3. Please list any physical condition that could restrict activities need requiring special care in order to participate in progr
medication during program invurs? Program must excess (see	Primary Cell Phone*:		Provider:	Primary \	Work Phone:		
Authorization form. Provider:Secondary Work Phone:	_						medication during program hours? Program must excee
We collect personally identifiable information, like names, post email addresses, etc., when voluntarily submitted by our information is only used to fulfill your specific request, unless permission to use it in another manner, for example to add you mistormation. Yet so will participants. List any Emergency Contacts officer than Household members listed above. Emergency Contact Name: Relation: Home Phone: Work Phone: Cell Phone: Allowed to Pick Up? Indept you seape of photographs and video take program and at our sites for publicity purposes in printed mat our website. Pholographs remain the property of the City of Aust Recreation Department. Accessibility Accommodation Request The City of Austin is proud to comply with the Americans with Diff you require assistance for participation in our programs of facilities, please call 512.974.3910. Do you require acco (Yes	Birthdate: Gender: Male Female Email:					Authorization form. Personal Information Privacy Policy We collect personally identifiable information, like names, postal email addresses, etc., when voluntarily submitted by our vinformation you provide is used to fulfill your specific reinformation is only used to fulfill your specific request, unless permission to use it in another manner, for example to add you to	
Emergency Contact Name: Relation: Home Phone: Work Phone: Cell Phone: Allowed to Pick Up? Yes	Secondary Cell Phone: Provider: Secondary Work Phone:						
Prest No Pre							• • • • • • • • • • • • • • • • • • • •
Yes No Y						Yes No	I hereby consent to allow usage of photographs and video taker program and at our sites for publicity purposes in printed mater our website. Photographs remain the property of the City of Austi
The City of Austin is proud to comply with the Americans with Diff you require assistance for participation in our programs of acilities, please call 512.974.3910. Do you require acco (Yes No Standards of Care Notification (Children's programs/activities supervised by Parks and Recreation and requiring enrollment/registration in order to participate are not listate, but follow standards of care adopted in the City of Austin (2016025-062. A copy is available and posted at each site. Release of Liability In consideration of participant being allowed to participate in totals(es) or programs(s), the undersigned hereby releases employees and agents, from any action, claim or demand for por property loss arising from or due to any negligent act or on City, its agents or employees. This release shall have no effect damages caused by the City's gross negligence. In the event volunteer provides transportation for the registered participan and release shall extend to and release the City employee of and all liability. Permission is given for any emergency medic operation or anesthesia which might become necessary. I responsible for the expense of medical treatment or service.						Yes No	Recreation Department.
D. Only complete this box if a Youth Participant resides within two separate Households. Yes						Yes No	
D. Only complete this box if a Youth Participant resides within two separate Households. Household Mailing Address:						Yes No	If you require assistance for participation in our programs or
Children's programs/activities supervised by Parks and Recreation and requiring enrollment/registration in order to participate are not it state, but follow standards of care adopted in the City of Austin (20160225-062. A copy is available and posted at each site. Release of Liability In consideration of participant being allowed to participate in to class (esc) or program(s), the undersigned hereby releases employees and agents, from any action, claim or demand for por property loss arising from or due to any negligent act or or City, its agents or employees. This release shall have no effect damages caused by the City's gross negligence. In the event volunteer provides transportation for the registered participate and release shall extend to and release the City employee or and all liability. Permission is given for any emergency medic operation or anesthesia which might become necessary. I responsible for the expense of medical treatment or service.						Yes No	{Yes}} {No} (Optional)
Household Mailing Address:	D. Only complete this bo	x if a Youth Pa	rticipant resides wit	hin two separate Ho	ouseholds.		Children's programs/activities supervised by Parks and Recreation
Household Primary Name: Household Primary Name:	Household Mailing Address:Zip:					and requiring enrollment/registration in order to participate are not lice state, but follow standards of care adopted in the City of Austin Or 20160225-062. A copy is available and posted at each site.	
Birthdate: Gender: Male Female Email: Frimary Work Phone: Provider: Primary Work Phone: Female Email:	_						Release of Liability
Primary Cell Phone*: Provider: Primary Work Phone: or property loss arising from or due to any negligent act or on City, its agents or employees. This release shall have no effect damages caused by the City's gross negligence. In the event volunteer provides transportation for the registered participan and release shall extend to and release the City employee drand all liability. Permission is given for any emergency medic operation or anesthesia which might become necessary. I responsible for the expense of medical treatment or service. Primary Cell Phone*: Provider: Secondary Work Phone: Provider: Secondary Work Phone: Provider:		_					class(es) or program(s), the undersigned hereby releases the
Household Secondary Name: Birthdate: Gender: Male Female Email: Secondary Cell Phone: Provider: Secondary Work Phone: Birthdate: Secondary Cell Phone: Birthdate: Secondary Cell Phone: Birthdate: Secondary Work Phone: Birthdate: Secondary Work Phone: Birthdate: Secondary Work Phone: Birthdate: Secondary Cell Phone: Birthdate: Secondary Work Phone: Birthdate: Birthdate:	Birthdate: Gender: Male Female Email:					or property loss arising from or due to any negligent act or omis City, its agents or employees. This release shall have no effect wi damages caused by the City's gross negligence. In the event the	
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Secondary Cell Phone: Secondary Work Phone: Secondary Work Phone: Provider: Secondary Work Phone:							and release shall extend to and release the City employee driv
Please Print Name:	Birthdate: Gender: Male Female Email: Secondary Cell Phone: Provider: Secondary Work Phone:						operation or anesthesia which might become necessary. I a
Signature: Date:				·			Please Print Name:
							Signature: Date:

aiver Form ion Center 41st Street exas 78751) 978-2335

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.
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. 20160225-062. 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: Date: