

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:** _____

*By giving us cell phone numbers, you consent to being contacted at that number. We may contact you in person, by recorded message, by the use of automated dialing equipment, by text (SMS) message for reasonable business purposes. Standard data rates may apply, according to your wireless plan.

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:** _____



E. Completion required by all participants.

Medical Care Information

Any known allergies to food/drugs, insect stings, poison ivy/other plants, etc.? {Yes _____} {No _____} Please Specify: _____

Please list any medical condition or limitations that could restrict activities or have a need requiring special care in order to participate in program/activity.

Accessibility Modification 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 modifications? {Yes _____} {No _____} (Optional)

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? _____}

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: _____