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
Dove Springs Recreation Center
5801 Ainez Drive
Austin, Texas 78744
Phone: 512-447-5875 Fax: 512-416-8040

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**

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. _____

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_____}

If applicable: T-Shirt Size: Youth XS Youth S Youth M Youth L
Adult S Adult M Adult L Adult XL Other:_____

What school does your child attend? _____

Are you interested in becoming a volunteer coach? {Yes_____} {No_____}

If applicable, Volunteer Coach T-shirt Size: _____

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		$	$	$		

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.