

A. Adult Registration Information *(Please fully complete with a pen)*

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: ____ Zip Code: _____ Home Phone: _____ Work Phone: _____

Birth Date: ____/____/____ Gender: Male Female Email: _____**B. Please list at least two Emergency Contacts that reside in a household other than your own.**

Emergency Contact Name	Relation	Home Phone	Work Phone	Cell Phone

C. Medical and Release**Medical Care Information**

1. Any known allergies to food, drugs, insect stings, poison ivy/other plants, etc.? [Yes ___] [No ___] Please specify: _____

2. Please list any medical condition or limitations that could restrict activities or require special care in order for youth to participate in the program or activity.

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 for 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 a modification? [Yes ___] [No ___] (Optional)?

Personal Information Privacy Policy: We collect personally identifiable information like names, postal addresses, email, etc. when voluntarily submitted by our visitors. The information you provide 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. [initial to opt out of emails? ____]

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. [initial to opt out? ____]

Release of Liability: 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.

Printed Name: _____ Signature: _____ Date: _____