

**A. Adult Registration Information** (please print and fully complete in blue or black ink)

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone\*:** \_\_\_\_\_ **Provider:** \_\_\_\_\_

\*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.

**Birthdate:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:**  Male  Female **Email Address:** \_\_\_\_\_



200S. Lamar  
Austin, Texas 78704  
Phone: 512-974-6700

**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**

- 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 medical condition that could restrict activities and/or if you have any needs requiring special care in order to participate in program/activity (ie. cane, wheelchair, Dementia, etc): \_\_\_\_\_

**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? \_\_\_\_\_}**

**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)**

**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:** \_\_\_\_\_