Program Registration and Waiver Form
Hancock Recreation Center
811 East 41st Street
Austin, Texas 78751
Phone: (512) 978-2335

A. Youth Waiver (*Please fully complete waiver with a pen*)

Participant Name: _____

Birthdate: _____ Age: _____ T-Shirt Size: _____ Gender: ☐ Male ☐ Female

B. Completion required by all participants. If Primary and Secondary do not reside at the same address, complete section D.

Household Mailing Address: _____ Zip Code: _____

Household Phone Number: _____

Household Primary Name: _____ Birthdate: _____

Gender: ☐ Male ☐ Female Primary Email: _____

Primary Cell Phone*: _____ Provider: _____ Primary Work Phone: _____

Household Secondary Name: _____ Birthdate: _____

Gender: ☐ Male ☐ Female Secondary Email: _____

Secondary Cell Phone*: _____ Provider: _____ Secondary Work Phone: _____

C. Completion required by all participants. List Emergency Contacts other than household members listed above.

Emergency Contact Name	Relationship	Home Phone	Work Phone	Cell Phone	Allowed to Pick-Up?
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No

D. Only complete this box if a Youth Participant resides within two separate Households.

Household Mailing Address: _____ Zip Code: _____

Household Phone Number: _____

Household Primary Name: _____ Birthdate: _____

Gender: ☐ Male ☐ Female Primary Email: _____

Primary Cell Phone*: _____ Provider: _____ Primary Work Phone: _____

Household Secondary Name: _____ Birthdate: _____

Gender: ☐ Male ☐ Female Secondary 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.

E. Completion required of 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 require special care in order for youth to participate in the program or activity.

_____

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.**

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 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.

[**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.

Standards of Care Notification

Children's programs/activities supervised by the 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 City of Austin Ordinance No. 20190307-041. Copies of the ordinance are 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: _____