

**Program Information** Please fill out following information *as applicable* to the program for which you are registering.

**Program Name:** \_\_\_\_\_ **Program Location:** \_\_\_\_\_

**Session Number and/or Time:** \_\_\_\_\_ **Class Level:** \_\_\_\_\_

▶ **PLEASE INITIAL (IF APPLICABLE):** I have completed the handbook/orientation requirements for this program. \_\_\_\_\_

## Participant(s) Information

• **NEW CUSTOMERS** – Please complete all sections

• **RETURNING CUSTOMERS** – Please complete sections **1** and **4** only.

Update section **2** if any contact information has changed or is missing; check with staff while registering

**1**

### Participant #1:

Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_

Indicate any allergies, medical, physical limitations or behavioral concerns: \_\_\_\_\_

### Participant #2:

Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_

Indicate any allergies, medical, physical limitations or behavioral concerns: \_\_\_\_\_

**2**

### Primary Guardian Name:

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ Carrier \_\_\_\_\_

☐ I agree to receive text alerts.

Email: \_\_\_\_\_

☐ I would like to receive emails about upcoming programs, events and specials.

### Secondary Guardian Name:

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ Carrier \_\_\_\_\_

☐ I agree to receive text alerts.

Email: \_\_\_\_\_

☐ I would like to receive emails about upcoming programs, events and specials.

## HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

**3 Emergency Information** If I cannot be reached in the case of an emergency, I hereby give permission for immediate first aid care by the Parks, Recreation and Cultural Affairs personnel until a physician can be accessed. I hereby also give permission to the physician selected by the City of Gainesville Parks, Recreation, and Cultural Affairs Department's authorized personnel to hospitalize, secure proper treatment for, and approve medications/injections and/or surgery for my child.

### 1<sup>st</sup> Emergency Contact Information: If guardians aren't available

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

(Other) \_\_\_\_\_

### 2<sup>nd</sup> Emergency Contact Information: If guardians aren't available

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

(Other) \_\_\_\_\_

## 4 Waiver Agreement

I give permission for my child(ren) to participate in all programs and activities conducted by the City of Gainesville Parks, Recreation and Cultural Affairs Department, including field trips and transportation to and from the program/activity or field trip site, and certify that he/she is in good health and able to participate in all activities. I am fully aware of the risk inherent in such activities. I hereby indemnify and release the City of Gainesville, any of its elected or appointed officials, volunteers, employees, agents, and sponsors from any and all liability or claims, including attorney's fees, costs and injuries, which may be sustained by me or minor children on account of his/her participation in said programs or associated activities and events. I hereby give my consent to the City to secure and authorize such emergency medical treatment as my child might require while participating in the City's programs and activities. I also agree to pay all the costs and fees contingent on emergency medical care or treatment as secured or authorized under this consent. I give my permission for my child to be photographed and/or videotaped with his/her name to be used for publicity purposes for the City of Gainesville Parks, Recreation and Cultural Affairs Department. This waiver, release and indemnification form is completed and signed of my own personal free will and with full knowledge of its significance. I have read this release and understand all of its terms.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Information provided on this form may be subject to the State of Florida public records law (chap. 119.07, Fla. Stat.). Under this law, the City is required to provide access to and copies of a non-exempt public records upon request from a member of the public. This form, Document No. R16-09Rec, is a legal instrument approved by the City Attorney. Any deviations from its use should be authorized by the City Attorney.

**FOR OFFICE USE** Receipt Number \_\_\_\_\_

**Residency Status:** ☐ City ☐ Non-City

**Participant Information** Please fill out following information, *as applicable* to the program for which you are registering.

**Participant Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **M / F** \_\_\_\_\_  
**Program Name:** \_\_\_\_\_ **Program Location:** \_\_\_\_\_  
**Session Number and/or Time:** \_\_\_\_\_ **Class Level:** \_\_\_\_\_

**① Medical Alert**

Please list any health concerns, limitations, restrictions, allergies and/or medical conditions that staff needs to be aware of?

---

---

---

---

☐ **My child carries an Epi-Pen and I have filled out the Request to Facilitate Medication form.**

**② Request to Facilitate Medication**

The City of Gainesville is not responsible for administering medications. Arrangements must be made to have medications or any other medicinal needs administered by a parent/guardian. It is important that staff be made aware of any allergies or behavioral conditions that effect your child.

☐ **My child will need to self-administer medication.**

Staff members are not permitted to administer medication however, staff can facilitate your child to self-administer medication. Please complete the Request to Facilitate Medication form on site when you drop off your child.

☐ **My child does not need to self-administer medication.**

**③ Authorized Release**

I authorize the following person(s) to drop off and pick up my child from the program, activity or event sponsored by the City of Gainesville Parks, Recreation and Cultural Affairs Department. I understand and agree that a state or federally issued picture identification card will be required from the authorized person(s) prior to releasing my child into their custody. I further understand and agree that my child will not be released into the custody of any person(s) who are not listed as authorized.

<b>Name:</b> _____	<b>Relationship to child:</b> _____	<b>Phone:</b> (____) _____
<b>Name:</b> _____	<b>Relationship to child:</b> _____	<b>Phone:</b> (____) _____
<b>Name:</b> _____	<b>Relationship to child:</b> _____	<b>Phone:</b> (____) _____
<b>Name:</b> _____	<b>Relationship to child:</b> _____	<b>Phone:</b> (____) _____

**Is your child authorized to sign themselves out of the program, activity or event sponsored by the City of Gainesville Parks, Recreation and Cultural Affairs Department?**

☐ **Yes, I authorize permission.**

I authorize permission to release my child from staff supervision and consent to allow my child to walk home without parental supervision from the program, activity or event sponsored by the City of Gainesville Parks, Recreation and Cultural Affairs Department.

☐ **No, I do not authorize permission.**

**④ Field Trip and Movie Permissions**

I authorize permission for my child to participate in off-site trips at the program, activity or event sponsored by the City of Gainesville Parks, Recreation and Cultural Affairs Department.

☐ **Yes, I authorize permission.**

☐ **No, I do not authorize permission.**

I authorize permission for my child to watch movies based on the selected ratings below at the program, activity or event sponsored by the City of Gainesville Parks, Recreation and Cultural Affairs Department.

☐ **Yes, I authorize permission to watch PG rated movies.**

☐ **Yes, I authorize permission to watch PG-13 rated movies.**

☐ **No, I do not authorize permission.**