

**2013/2014 Program:** \_\_\_\_\_

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

**Participant(s) Information** For more than two children, use additional Household Registration Form.

**RETURNING CUSTOMERS** Please fill out each field with an asterisk (★) **AND** any information that may have changed.

★Name: \_\_\_\_\_

Male:\_\_\_ Female:\_\_\_

Age: \_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

★Name: \_\_\_\_\_

Male:\_\_\_ Female:\_\_\_

Age: \_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

★Primary Guardian Name: \_\_\_\_\_

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

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

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

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Secondary Guardian Name: \_\_\_\_\_

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

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

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

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

I give my permission for the following individuals to pick up my child/children – please print clearly:

First name Last name Ph:#

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Proper ID may be requested.*

Initial all that apply:

\_\_\_ My child has my permission to walk home from the program each day. I understand he/she will not be escorted by staff.

\_\_\_ My child will walk to the program. I will provide transportation for my child home each day. He/she is not allowed to walk home from the program/park.

\_\_\_ I will provide transportation for my child to and from the program. He/she is not allowed to walk to the program and/or home from the program/park.

\_\_\_ I authorize staff to administer sunscreen to my child.

\_\_\_ I authorize permission to attend program field trips.

## 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 permissions 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.

**1st Emergency Contact Information:** *If guardians are not available*

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: (H): \_\_\_\_\_

(W): \_\_\_\_\_ Cell: \_\_\_\_\_

**2nd Emergency Contact Information:** *If guardians are not available*

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: (H): \_\_\_\_\_

(W): \_\_\_\_\_ Cell: \_\_\_\_\_

## ★Waiver Agreement

I give permission for my child(ren) to participate in all programs and activities conducted by the City of Gainesville Parks, Recreation, & Cultural Affairs Department Summer Day Camps program, including field trips. I am fully aware of the risk inherent and hereby release the City of Gainesville, any of its elected or appointed officials, volunteers, employees, agents, and/or sponsors from any and all liability, 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 and events. We (I) approve of the child(ren)'s attendance and certify that he/she is in good health and able to participate in all activities. At these said programs and events it is possible for photographs to be taken of your child and I give permission for these photographs to be used for publicity purposes for the City of Gainesville Parks, Recreation, and Cultural Affairs Department. This release 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: \_\_\_\_\_

## ★Parents or Guardians

If you are interested in chaperoning trips (if they occur), you must complete a volunteer form (background check) at least two weeks prior to the date of the trip. We recommend you complete the form at the time of enrollment to allow time for processing. The Volunteer form can be obtained at our Administration Office: 306 NE 6th Avenue, Building B, 3rd Floor, Mon. through Thurs., 7:00 am–6:00 pm or online at: [www.cityofgainesvilleparks.org](http://www.cityofgainesvilleparks.org). Please return the completed form to our Administrative Office.