



For Office Use Only

Participant's Last Name: _____

Date Received: _____

Staff Initials: _____

Site Name		Child's Age	DOB	Grade in Fall	
Child's Name		Nickname		Gender	Home Phone
Parent/Guardian Name		Home Phone	Cell Phone	Work Phone	
Home Address			City	State	Zip
Driver's License #		Place of Employment			
Parent/Guardian Name		Home Phone	Cell Phone	Work Phone	
Home Address			City	State	Zip
Driver's License #		Place of Employment			
Emergency Contact (If parents cannot be reached)		Relationship	Phone Number	Alt Phone Number	

4-DIGIT SECURITY CODE	THIS CODE WILL BE USED WHEN CALLING IN FOR ANY FORM CHANGES/ADDITIONS, ETC. FOR PHONE VERIFICATION.
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I AUTHORIZE THE ARLINGTON PARKS AND RECREATION DEPARTMENT TO RELEASE MY CHILD TO THE ADDITIONAL FOLLOWING PEOPLE:

NAME	RELATIONSHIP	PHONE NO.

Parent's Acknowledgements: This is to acknowledge that the Arlington Parks and Recreation Department has provided me with access to the online Parent Handbook or provided me with a copy of the Parent Handbook. I agree to read and adhere to the information included. Parent Signature: _____ Date: _____	Child's Description (requested by Arlington PD) Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____ Ethnicity: _____ Distinct Features (scars, birthmarks, etc): _____ _____
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CUSTODY/COURT ORDERS Are there any court orders affecting custody of this child? ____ Yes ____ No (If yes, you MUST provide the SITE location manager with a copy of these orders.) Are there any restraining orders? ____ Yes ____ No Who has Primary custody of this child? _____ Child may be released to: () FATHER () MOTHER () OTHER/NOTES: _____
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PARENT'S CONSENT TRANSPORTATION: (required for participation) I hereby give consent for my child to be transported and supervised by City of Arlington staff to scheduled off-site program trips. WATER ACTIVITIES: (required for participation) I hereby give consent for my child to participate in water activities that might be offered by the City of Arlington. I hereby give the City of Arlington staff permission to assist my child in the application of sunscreen. PHOTOS: I hereby understand photographs and videos taken during Parks and Recreation programs may be used by the City of Arlington Parks and Recreation Department for promotion of classes and events. Parent Signature: _____ Date: _____
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Health History

Please list any DIETARY or PHYSICAL restrictions: _____

Please list any known ALLERGIES: _____

Treatment to be given when in contact with stated ALLERGIES:

Please check all the following that apply to your child's HEALTH HISTORY:

_____ ADD _____ ADHD _____ EXISTING ILLNESS

_____ DIABETES _____ TAKES DAILY MEDICATION

_____ ASTHMA _____ OTHER: Please explain: _____

If my child needs to take medication onsite, I understand there is a separate medication log that I will need to complete. **Parent Initials** _____

The Arlington Parks and Recreation Child Care Programs generally have staffing ratios of 1:15. Do you feel this will be adequate for your child's needs?

Yes _____ No _____ If No please explain _____

Parent's Understanding: I understand that my child's enrollment is on a probationary period of up to four weeks. During this probationary period the Arlington Parks and Recreation will observe him or her in the program environment to assess if the needs of the child are being met. I have been given and have read and understand the Arlington Parks and Recreation Standards of Care for Child Development programs.

Parent's Signature :

Date:

AUTHORIZATION FOR

EMERGENCY MEDICAL ATTENTION: In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the Arlington Parks and Recreation Site Director or person in charge to take my child to:

NAME OF LICENSED PHYSICIAN: _____

ADDRESS: _____

PHONE NUMBER: _____

PREFERRED HOSPITAL OR CLINIC : _____

CITY OF PREFERRED HOSPITAL or CLINIC: _____

I give consent for necessary emergency treatment when my child is in the care of this physician and/or hospital.

Parent's Signature : _____ Date: _____

The undersigned does hereby acknowledge to have read and understand all the information contained on this document. I acknowledge all information on this form must be correct and completed before my child(ren) will be admitted into the program.

Parent's Signature: _____ Date: _____

AUTHORIZATION AND RELEASE FORM

KNOW ALL BY THESE PRESENTS:

By signing below as "RELEASOR", and in consideration of the privilege of participating in any City of Arlington Parks & Recreation Department ("CITY") activity or in consideration of renting or using any CITY personal, real, or any other property, I do for myself and my minor child or children, my heirs, executors, representatives, administrators, and assigns, hereby release, indemnify, defend and hold harmless CITY and all of its officers, officials, agents, employees and invitees, in both their public and private capacities, from and against any and all liability, claims, suits, losses, damages and causes of action, including all expenses of litigation and/or settlement for death, injury to, or debt of any person, or of loss of, damage to, or loss of use of any property arising out of or in connection with the above described rental or CITY activity. Such indemnity shall apply whether the claims, suits, losses, damages, causes of action or liability, arise in whole or in part from the consequences of CITY'S own negligence where that negligence is a concurring cause of injury, death, or damage.

RELEASOR understands that this waiver of liability and indemnification is intended to be as broad as possible and as inclusive as permitted by the laws of the State of Texas and that if any portions are held invalid, then the balance shall continue in full legal force and effect. It is further understood that execution of this waiver of liability and indemnification will not constitute a waiver by CITY of the defense of governmental immunity, where applicable, or any other lawful defense. RELEASOR signs this waiver and indemnification voluntarily and with full knowledge of its meaning and significance.

I HAVE READ THIS RELEASE

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____/_____/_____

Parent's Email Address: _____