

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

Program Registration and Waiver Form
Emma S. Barrientos Mexican American
Cultural Center



600 River Street
Austin, Texas 78701
Phone: 512-974-3785 Fax: 512-974-3777

First Name: _____ **Last Name:** _____

Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____ **Provider:** _____

Birthdate: ____/____/____ **Gender:** Male Female **Email Address:** _____

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 physical condition that could restrict activities or have a need requiring special care in order to participate in program/activity: _____

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 Accommodation 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 accommodations? {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:** _____

Participant's Name: _____

Site Specific Questions

Are you or your spouse a City of Austin employee? {Yes _____} {No _____}

Would you like to receive updates by email? {Yes _____} {No _____}

What school does your child attend? _____

How did you hear about us? _____

Would you be interested in volunteering? {Yes _____} {NO _____}

Method of Payment (payment required at time of registration)

Cash (please bring exact amount) **Check** (make payable to City of Austin-PARDI) **Credit Card** (complete info below)

Credit Card Number: _____

Visa MC AMEX DISC **Card Expiration Date:** _____ **Card Verification Code:** _____

Cardholder Signature: _____

Mailing Address and Billing Address Same? **Yes** **No** (if no, please provide that address)

Youth Program Only Parents may select the auto-payment plan, which authorizes our office to automatically charge your credit card on the program payment due date.

Auto-Payment Authorization _____ (today's date) Cancel Auto-Payment Authorization _____ (today's date)

Registration Function Class / Camp / Activity Title	Times AM/PM?	Class Dates	Class Fee	Deposit	Office Use Only Amount Paid Today	Cash / Check Number / CC ID & Auth Receipt Number	Date/Time Staff Initials
	AM PM		\$	\$	\$		
	AM PM		\$	\$	\$		
	AM PM		\$	\$	\$		
	AM PM		\$	\$	\$		
	AM PM		\$	\$	\$		
	AM PM		\$	\$	\$		
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	AM PM		\$	\$	\$		
	AM PM		\$	\$	\$		
	AM PM		\$	\$	\$		
	AM PM		\$	\$	\$		

SWIM LESSONS/WATER FITNESS/ADULT SWIM TEAM (only complete for Aquatic Program Registration):

1st choice: Session: _____ Pool: _____ Level: _____ Time: _____ Dates: _____ Fee: \$ _____

2nd choice: Session: _____ Pool: _____ Level: _____ Time: _____ Dates: _____ Fee: \$ _____

3rd choice: Session: _____ Pool: _____ Level: _____ Time: _____ Dates: _____ Fee: \$ _____

REFUND POLICY: Refund policies are program specific. Please refer to the refund policy of the program that you are registering for.

