A. Youth Waiver (ple	ease fully com	ıplete waiver w	$oldsymbol{\wedge}$	Program Registration and Waiver Fo			
Participant Name:						AUSTIN PARKS G RECREATION	Pickfair Community Cent
Birthdate:	Age:	Т	-shirt size	Gender:	Male  Female	RECREATION	10904 Pickfair Dr Austin, Texas 787
B. Completion required by a						E. Completion required by all p	Phone: 512-974-13 participants
Household Mailing Addres	ss:				Zip:	Medical Care Information  Any known allergies to food/o	drugs, insect stings, poison ivy/other plants, e
Household Home Phone						{Yes}} {No	} Please Specify:
Household Primary Name			<del></del>			Diagonalist and modifical condi	
Birthdate:						1 1	ition or limitations that could restrict activities Il care in order to participate in program/activi
Primary Cell Phone*							
Household Secondary Na			Accessibility Modification Request  The City of Austin is proud to comply with the Americans with Disabilities Act so the ALL individuals can enjoy and benefit from our recreation and leisure services. If ye 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				
Birthdate:							
Secondary Cell Phone	Provider: Secondary Work Phone					two weeks prior to an event, activity or registration deadline. Do you require modifications? {Yes } {No } (Optional)	
*By giving us cell phone number of automated dialing equipment,		•	•		• • •		
wirelss plan.	by text (GWG) messe	ige for reasonable busi	during program hours? Program	y : Does Participant require prescription medical must exceed 1 hour. {Yes} {NoI			
C. Completion required by	all participants.	List any Emergenc	y Contacts other tha	n Household mem	bers listed above.	yes, please complete a Medication	on Authorization form.
Emergency Contact Name:	Relation:	Home Phone:	Work Phone:	Cell Phone:	Allowed to Pick Up?	Personal Information Privacy We collect personally identifiab	Policy Dele information, like names, postal addresses, e
					Yes No	addresses, etc., when voluntal provide is used to fulfill your sp	rily submitted by our visitors. The information becific request. This information is only used to
					Yes No	your specific request, unless yo example to add you to one of ou	u give us permission to use it in another manner r mailing lists. {email opt out?}}
					Yes No	Image Release Waiver	
					Yes No	and at our sites for publicity purp	of photographs and video taken during this progra poses in printed materials, and on our website.
					Yes No	Photographs remain the property Department.	y of the City of Austin Parks and Recreation
D. Only complete this box	x if a Youth Parti	cipant resides with	nin two separate H	ouseholds.		Standards of Care Notification	<u>n</u>
, ,						enrollment/registration in order to pa	rivised by Parks and Recreation Department and requi articipate are not licensed by the state, but follow
Household Mailing Addres	SS:				Zip:	standards of care adopted in the Ci available and posted at each site.	ity of Austin Ordinance No. 20129426-123. A copy is
Household Home Phone						Release of Liability	
Household Primary Name		. 🗆				or program(s), the undersigned h	eing allowed to participate in the registered class(e hereby releases the City, its employees and agents
Birthdate: Gender: Male Female Email:						from any action, claim or demand for personal injury or property loss arising from o due to any negligent act or omission of the City, its agents or employees. This releashall have no effect with regard to damages caused by the City's gross negligence, the event the City or a volunteer provides transportation for the registered participal this waiver and release shall extend to and release the City employee driver from a	
Primary Cell Phone* Primary Work Phone							
Household Secondary Na						and all liability. Permission is give	en for any emergency medical treatment, operation and encessary. I agree to be responsible for the expension
Birthdate:			of medical treatment or service.				
Secondary Cell Phonè		Provider:	Seconda	ry Work Phone		Please Print Name:	
						Signature:	Date:
						1 1	

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E. Completion required by all participants	10904 Pickfair Drive Austin, Texas 78750 Phone: 512-974-1320
Medical Care Information  Any known allergies to food/drugs, insect stings,  {Yes} {No} Please Specify:	poison ivy/other plants, etc.?
Please list any medical condition or limitations th have a need requiring special care in order to pa	
Accessibility Modification Request The City of Austin is proud to comply with the America ALL individuals can enjoy and benefit from our recreat require assistance or a modification for participation in facilities, please call 512-974-3914 to consult with an I two weeks prior to an event, activity or registration modifications? {Yes} {No} (Optional)	tion and leisure services. If you nour programs or use of our Inclusion Coordinator at least n deadline. Do you require
For Youth & Children Only : Does Participant during program hours? Program must exceed 1 hour. yes, please complete a Medication Authorization form.	{Yes} {Nof}
Personal Information Privacy Policy We collect personally identifiable information, like r addresses, etc., when voluntarily submitted by ou provide is used to fulfill your specific request. This i your specific request, unless you give us permission example to add you to one of our mailing lists. {email or addressed to the personal transfer of	r visitors. The information you information is only used to fulfill to use it in another manner, for
Image Release Waiver I hereby consent to allow usage of photographs and vi and at our sites for publicity purposes in printed mater Photographs remain the property of the City of Austin Department.	ials, and on our website.
Standards of Care Notification Children's programs/activities supervised by Parks and Re enrollment/registration in order to participate are not license standards of care adopted in the City of Austin Ordinance I available and posted at each site.	ed by the state, but follow
Release of Liability In consideration of participant being allowed to particip or program(s), the undersigned hereby releases the C from any action, claim or demand for personal injury of due to any negligent act or omission of the City, its agricultural shall have no effect with regard to damages caused by the event the City or a volunteer provides transportation this waiver and release shall extend to and release the and all liability. Permission is given for any emergency anesthesia which might become necessary. I agree to of medical treatment or service.	city, its employees and agents, or property loss arising from or ents or employees. This release the city's gross negligence. In on for the registered participant, a City employee driver from any medical treatment, operation or
Please Print Name:	
Cianatura	Data