



**PARTICIPANT  
REGISTRATION FORM**

<i>Staff Only</i>
<i>ID#</i>
<i>Date Enrolled</i>

**Program & Enrollment Information**

<i>Facility Name</i>	<i>Program Name</i>	<i>Season/Year</i>
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**Participant Information**

<i>First and Last Name</i>		<i>Date of Birth</i>	<i>Age</i>	
<i>Residential Address</i>		<i>City</i>	<i>State</i>	<i>Zip code</i>
<i>Primary Language Spoken at Home</i>		<i>Gender</i>		
<i>Race (check one)</i> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White				
<i>Home Phone</i>	<i>Cell Phone</i>	<i>Email</i>		
<i>School Name</i>				
<i>Grade (check one)</i> <input type="checkbox"/> K <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th				
<i>Shirt Size (check one)</i> <input type="checkbox"/> Child's small <input type="checkbox"/> Child's medium <input type="checkbox"/> Child's large <input type="checkbox"/> Adult small <input type="checkbox"/> Adult medium <input type="checkbox"/> Adult large <input type="checkbox"/> Adult XL <input type="checkbox"/> Other:				

**Parent, Guardian and Emergency Contact Information**

**Contact 1**

<i>First &amp; Last Name</i>	<i>Relationship</i>	<i>Caregiver</i> <input type="checkbox"/>	<i>Emergency Contact</i> <input type="checkbox"/>	<i>Authorized for Pick Up</i> <input type="checkbox"/>
<i>Email Address</i>	<i>Phone</i>			

**Contact 2**

<i>First &amp; Last Name</i>	<i>Relationship</i>	<i>Caregiver</i> <input type="checkbox"/>	<i>Emergency Contact</i> <input type="checkbox"/>	<i>Authorized for Pick Up</i> <input type="checkbox"/>
<i>Email Address</i>	<i>Phone</i>			

**Contact 3**

<i>First &amp; Last Name</i>	<i>Relationship</i>	<i>Caregiver</i> <input type="checkbox"/>	<i>Emergency Contact</i> <input type="checkbox"/>	<i>Authorized for Pick Up</i> <input type="checkbox"/>
<i>Email Address</i>	<i>Phone</i>			

**Contact 4**

<i>First &amp; Last Name</i>	<i>Relationship</i>	<i>Caregiver</i> <input type="checkbox"/>	<i>Emergency Contact</i> <input type="checkbox"/>	<i>Authorized for Pick Up</i> <input type="checkbox"/>
<i>Email Address</i>	<i>Phone</i>			



# PARTICIPANT

## Waivers

### Dismissal

By signing below, I acknowledge that it is my and my child's responsibility to arrange transport home.		
<i>Signature of parent or legal guardian</i>	<i>Relationship</i>	<i>Date</i>

### Release & Assumption of Risk

By signing below, I hereby grant permission for my child/ward to attend the program and participate in any and all of its activities, including, but not limited to, fieldtrips (the "Program"). I also understand that any fieldtrip may involve standing for extended periods of time, walking, climbing stairs and other activities that may be strenuous for some persons. I release the City of Philadelphia, its employees, officials, agents, representatives and/or program personnel (collectively the "City") from all liabilities in case of an injury or illness that may be suffered, including aggravation of any pre-existing medical condition(s), by the above mentioned child resulting from participating in the Program. I do hereby hold harmless the City, its employees, officials, agents and/or representatives, against any and all liability, damage, loss, claims or demands which arise out of or are in any way connected with my child or ward's participation in the Program, whether or not caused by the gross negligence or willful misconduct of the City or any of its respective employees, officials, agents or representatives. I voluntarily assume all risks of loss, damage and all injuries (including personal injury, disability and death) that may be sustained by myself and/or my minor child/ward or that I or my minor child/ward may cause while participating in the Program.		
<i>Signature of parent or legal guardian</i>	<i>Relationship</i>	<i>Date</i>

### Emergency Clause

In the event that my minor child suffers an injury or illness in the Program that requires immediate medical attention, I understand that I/my minor child will immediately be taken to the nearest hospital where the required medical attention will be given. I further agree that no employee, official, agent or representative of the City will be held responsible for injuries or damages arising from the provision of any such emergency medical treatment.		
<i>Signature of parent or legal guardian</i>	<i>Relationship</i>	<i>Date</i>

### Media Release

I authorize, without compensation, the use by the City of my or my minor child/ward's image and/or voice recordings relating to and occurring during the period of my participation in the Program. This authorization includes permission to reproduce, publicize, broadcast or display my visual images or voice recordings, with or without my name, and without any form of compensation for the use of my images, name or voice recordings, throughout the world, an unlimited number of times in perpetuity in any and all media, now known or hereafter invented.		
<i>Signature of parent or legal guardian</i>	<i>Relationship</i>	<i>Date</i>

### Staff Alerts

<i>Please list any behavioral concerns, dietary restrictions, medical conditions, or any other important information for our staff to know. Also note if you are interested in financial assistance with public transportation.</i>

THE CITY OF PHILADELPHIA ASSURES THAT ALL FACILITIES AND SERVICES ARE AVAILABLE FOR PUBLIC USE WITHOUT REGARD TO RACE, COLOR, RELIGION, ANCESTRY, SEX, AGE, DISABILITY, NATIONAL ORIGIN, SEXUAL OR AFFECTIONAL PREFERENCE OF MARITAL STATUS. IF ANYONE BELIEVES HE OR SHE HAS BEEN SUBJECTED TO DISCRIMINATION ON THESE BASES, HE/SHE MAY FILE A COMPLAINT ALLEGING DISCRIMINATION WITH EITHER THE PHILADELPHIA PARKS & RECREATION OR THE OFFICE FOR EQUAL OPPORTUNITY, U.S. DEPARTMENT OF INTERIOR, WASHINGTON, D.C. 20240.