

FARMERS BRANCH PARKS AND RECREATION DEPARTMENT YOUTH PROGRAMS REGISTRATION FORM

Are you a Farmers Branch resident applying for Financial Assistance? Yes No

PLEASE COMPLETE ALL BLANK AREAS IN ORDER TO QUALIFY FOR THE PROGRAM(S)

Registration Date _____ Child's Name _____ Home Phone() _____

Grade Entering _____ Age _____ Date of Birth _____ Male Female

Address _____ City _____ State _____ Zip _____

Mother/Guardian's Name _____ D.L.# _____

Mother/Guardian's Street Address _____ City _____ Zip _____

Mother/Guardian's Home Phone (____) _____ Cell Phone(____) _____

Mother/Guardian's Workplace _____ Work Phone(____) _____

Mother/Guardian's Email _____

Father/Guardian's Name _____ D.L.# _____

Father/Guardian's Street Address _____ City _____ Zip _____

Father/Guardian's Home Phone (____) _____ Cell Phone(____) _____

Father/Guardian's Workplace _____ Work Phone(____) _____

Father/Guardian's Email _____

In addition to the above mentioned parent/guardian(s), the following contacts are also allowed to pick up my child from the program and/or be contacted in an emergency situation if the above mentioned are not available.

EMERGENCY CONTACTS/PERMISSION TO PICK UP CHILD:

Name _____ D.L.# _____ Home#() _____ Work#() _____

Name _____ D.L.# _____ Home#() _____ Work#() _____

Name _____ D.L.# _____ Home#() _____ Work#() _____

ATTENDANCE AND TRANSPORTATION INFORMATION:

My child will be attending the program the following days and times: (please check all which apply)

Monday Tuesday Wednesday Thursday Friday

Regular Program Hours (7:30 a.m.-6:00 p.m.)

Flexible Hours Please describe _____

How will your child get home? (please check any that apply)

Walk Bike Parent/Guardian Carpool Other

If other, please explain _____

-OFFICE USE ONLY-

residency verified source _____ date _____ initials _____

f.a. documentation provided source _____ date _____ initials _____

**FARMERS BRANCH PARKS AND RECREATION DEPARTMENT
YOUTH PROGRAMS MEDICAL AND AUTHORIZATION FORM**

EMERGENCY MEDICAL AUTHORIZATION

I, _____ as parent and/or legal guardian, release the City of Farmers Branch, its staff and volunteers, from liability in the case of an accident or injury to my child or ward:

Name: _____ Age: _____ Grade entering: _____

Further, in case of accident, injury, or sudden illness, I authorize any first-aid or emergency medical care that may become necessary for my child or ward while he or she is enrolled in any Farmers Branch Youth Program. I also authorize that my child or ward may be transported to a local medical facility. If I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by City Staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child or ward, named above. I understand I am financially responsible for any expenses incurred for medical care or transportation on my child's behalf. By executing this document, I hereby assume, on behalf of my child or ward, all risk of injury or loss to which he or she may be exposed.

Parent/Guardian signature _____
Date

MEDICAL INFORMATION

In the event of an EMERGENCY, individuals will be taken directly to the nearest hospital.

If applicable, Name & Address of Family Physician: _____

Shot Record/Medical Record On File At School Yes No _____ Date
(Copy Attached)

Please list any medical related allergies or conditions of your child:

PHYSICAL CONDITIONS	ALLERGIES	DISEASES	BEHAVIORAL
_____	_____	_____	_____
_____	_____	_____	_____

Please explain any special needs or problems your child may have: _____

A separate Medicine Form must be filled out for any medications to be administered to your child.

AUTHORIZATIONS

(please initial all boxes that apply and sign below)

_____ I understand that Youth Programs are for children ages 6-12. If my child becomes ineligible for any youth programs, I understand that my child will be removed from the program.

_____ I understand that the Farmers Branch Parks and Recreation Department Youth Programs "Standards of Care" and *Parent Guide* are available to me upon request including on-line at www.farmersbranchtx.gov

_____ I acknowledge that I am responsible for understanding the rules, regulations, and policies of the Youth Program I am applying for, and agree to follow them as described in the information available to me.

_____ I understand that City staff will assume responsibility for my child only when he/she has checked in with an authorized staff member of the program.

_____ I authorize City staff or a designated transportation company to transport my child to and from program activities and field trips.

_____ I understand Summer Funshine does not provide refrigerated storage for lunches or snacks.

_____ I acknowledge that the child described herein has permission to engage in all program activities, except as noted by me and/or recommended by our physician.

_____ I authorize my child's participation in appropriate water activities.

_____ I agree to provide a lunch each day for my child unless otherwise informed. I understand that I may be charged a fee if I fail to provide a lunch for my child.

_____ I understand and agree that City of Farmers Branch staff does not read/interpret or approve court documents nor provide this service. Parents and guardians must resolve all issues prior to registering their child that may hamper or limit the ability to follow general guidelines of the program.

_____ I consent to having my child photographed or video recorded for official City media use in marketing and/or news reporting on City events, activities and services.

My signature below constitutes authorization for items initialed above.

Parent/Guardian signature _____
Date

**FARMERS BRANCH PARKS AND RECREATION DEPARTMENT
YOUTH PROGRAMS LIABILITY WAIVER**

Date _____ Child's Name _____

Child's Age _____ Grade Entering _____

I understand that the activities in the Farmers Branch Parks and Recreation Department (the "Department") Youth Program(s) will include physical activity and exercise with the possibility of physical contact and bodily injury to my child or ward (named above), and that the Department, its staff, and the City of Farmers Branch (the "City"), are not undertaking responsibility to see that the activities are free from the risk of injury, loss or damage to person or property, and I hereby assume all of said risks for my child.

In consideration of the use and availability of services and facilities of the program site by my above named child or ward, I hereby agree to release, relieve, hold harmless, and indemnify the City, the Recreation Center, the Department, the Program, and their respective supervisors, program directors, coordinators, leaders, agents, instructors and other employees from all liability and claims arising out of any accident or injury suffered or incurred by my above named child or ward at the program site, or while participating in any activity sponsored, organized, or supervised by the Program except for acts of negligence of said responsible supervisors, directors, coordinators, leaders, agents, instructors or other employees.

Parent/Guardian signature

Date