



# Youth Participation Registration

2019

## Participant Information

Name: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M / F

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Grade during 2018/2019 School Year: \_\_\_\_\_

## Parent/Guardian Information

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Main ( \_\_\_\_\_ ) Work ( \_\_\_\_\_ )

Email address: \_\_\_\_\_

Drivers License/ID Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

## Emergency Contact Information

Parent/Guardian listed above will be the first contact, please list two additional contacts.

(1) Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Telephone: Main ( \_\_\_\_\_ ) Work ( \_\_\_\_\_ )

(2) Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Telephone: Main ( \_\_\_\_\_ ) Work ( \_\_\_\_\_ )

I \_\_\_\_\_ hereby give my permission to City of Lewisville Park and Recreation  
(print parent/guardian name)

Staff to call or obtain the services of a physician or hospital for medical or surgical care for

\_\_\_\_\_ should an emergency arise. I understand that a conscientious effort  
(print participant name)

will be made to locate all emergency contacts before any action may be taken.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Transportation Permission

\_\_\_\_\_ has permission to participate in activities which require transportation across the LLELA property. Transportation will be provided by bus, van, and/or hay ride.

Precautions will be taken to prevent accidents and ensure the health and safety of me or my child. The City of Lewisville, the Lewisville Parks and Recreation Department, and the individual staff and volunteers of the Program are not liable for injuries to children or adults while on the premises, in any motor vehicle, or otherwise in the care of staff members.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Additional Information

Please list any relevant information staff needs to know. (ie: allergies, asthma, ADHD, diabetes, seizures, etc:)

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Is the participant allergic to any medications? \_\_\_\_ Yes \_\_\_\_ No (if yes, please list those medications) below:

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## Please enroll my child in:

Unplug @LLELA, March 11-13 \_\_\_\_\_ 7-9 year olds or \_\_\_\_\_ 10-12 year olds

Unplug @ LLELA, March 13-15: \_\_\_\_\_ 7-9 year olds or \_\_\_\_\_ 10-12 year olds

Session I (MTuW), \$75: \_\_\_\_\_ or Session II, (WThF) \$75: \_\_\_\_\_ or

Session I and II (Monday-Friday), \$125 (\$25 discount) \_\_\_\_\_



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## Participant Release Authorization

Participants Name: \_\_\_\_\_

**I hereby authorize that my child may be released to the following person(s) in addition to the names listed in the Parent/Guardian Information section:**

(1) Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Telephone: Main ( \_\_\_\_\_ ) \_\_\_\_\_ DL #: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Telephone: Main ( \_\_\_\_\_ ) \_\_\_\_\_ DL #: \_\_\_\_\_

(3) Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Telephone: Main ( \_\_\_\_\_ ) \_\_\_\_\_ DL #: \_\_\_\_\_

(4) Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Telephone: Main ( \_\_\_\_\_ ) \_\_\_\_\_ DL #: \_\_\_\_\_

(5) Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Telephone: Main ( \_\_\_\_\_ ) \_\_\_\_\_ DL #: \_\_\_\_\_

Please Note: Until familiarity is established, identification will be requested.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Parent Information

I \_\_\_\_\_ have received a copy of the Youth Standards of Care, and agree  
(print parent/guardian name)  
to comply with all policies and procedures for participation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Release Of Liability

I hereby release, waive, discharge and covenant not to sue, and agree to hold harmless for any and all purposes, the City of Lewisville, Texas, its officers, employees, successors, assigns, sponsors and volunteers (collectively "the City") from any and all liabilities, loss, claims, demands, costs (including court costs and attorney's fees), personal injury (including death), or property damage that may be sustained by me while participating in any City of Lewisville Parks & Recreation (PARD) program or activity, and I choose to voluntarily participate with full knowledge that said participation may be hazardous to me and my property. I voluntarily assume full responsibility for and risks of loss, property damage or personal injury, including death, which may be sustained by me as a result of participating, including injuries sustained as a result of the negligence of the City. Failure to accept or agree with this release of liability will result in your inability to participate in a City of Lewisville PARD program or activity.

**I hereby give my permission to use my photographic or video image and pre-approved quotes on the Lewisville PARD website, LLELA web site, or to promote Lewisville PARD or the City of Lewisville.**

I have read and understand the above and hereby agree to it.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent's or Guardian's Signature if a minor under the age of 18)