



Youth Participation Registration

2020

Participant Information

Name: _____ D.O.B: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Grade during 2019-2020 School Year: _____

Parent/Guardian Information

Name: _____ Relationship to Participant: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Main (_____) Work (_____)

Email address: _____

Driver's 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: _____



Youth Participation Registration

2020

Please enroll my child in:

The **full week of Unplug at LLELA Spring Break Camp**, March 16 – 20 in the _____ 7-9 year olds or _____ 10-12 year olds group.

-OR-

Enroll my child in the following days of camp:

Monday, March 16- Winged Wonders: _____ 7-9 year olds or _____ 10-12 year olds

Tuesday, March 17- Scum of the Ponds: _____ 7-9 year olds or _____ 10-12 year olds

Wednesday, March 18- Survivor LLELA: _____ 7-9 year olds or _____ 10-12 year olds

Thursday, March 19- Prairie Daze: _____ 7-9 year olds or _____ 10-12 year olds

Friday, March 20- Elm Fork Adventures: _____ 7-9 year olds or _____ 10-12 year olds

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: _____

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)



Youth Participation Registration

2020

Participant Release Authorization

Participant's 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: _____

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: _____



Youth Medical Information

2020

Participant's Name: _____ (ONE CHILD PER FORM)

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

Is the participant allergic to any medications or foods? ____ Yes ____ No (if yes, please list)

1st Emergency Contact name/phone number: _____

2nd Emergency Contact name/phone number: _____

If your child requires daily medication, please provide the **Medication Information** below.

Name of Medication: _____

Physician's Name: _____ Phone: (____) _____

Reason for Medication: _____

Dosage Prescribed: _____

When it needs to be administered: _____

How it needs to be administered: _____

Refrigeration Required: ____ Yes ____ No

Medical Waiver

All medication must be in proper prescription bottle(s) with the instructions for the administration of the medicine on the label. If there are any changes in the dosage, time, frequency or administration of the medication, it is the participants'/parents'/guardians' responsibility to inform the staff in writing. The undersigned acknowledges that instructions on the pharmaceutical container are accurate.

IF YOU DO NOT ALLOW PERMISSION FOR THE ABOVE STATED PROCEDURES, MEDICATIONS WILL NOT BE DISPENSED WHILE PARTICIPANT IS ATTENDING LEWISVILLE PARKS AND RECREATION PROGRAMS

Signature: _____ Date: _____