



CITY OF ALBUQUERQUE, DEPARTMENT OF FAMILY & COMMUNITY SERVICES
COMMUNITY RECREATION & EDUCATIONAL INITIATIVES DIVISION

2010

YOUTH REGISTRATION FORM (under 18)

Application Date: _____

For Office use only:

Program Season: School Year Summer

Regular Program Extended Recreation

Both (Regular & Extended Recreation)

Site #: _____ Registration #: _____

Child's Name: _____
 Last First Middle

Home Phone: _____ E-mail: _____

Address: _____
 Street Apt. City/State Zip Code

Birth Date: _____ Age: _____ Gender: Male / Female

Ethnicity (Optional): Hispanic African-American Native-American Caucasian Other _____

School Child Attends: _____ Grade: _____

Other children in the program: _____

Parent/Guardian(s):

Name Relationship Occupation/Business Address Business Phone #

Name Relationship Occupation/Business Address Business Phone #

In Case of Emergency, Contact: Preferred Hospital: _____

Name: _____ Relationship _____ Phone #: _____

Name: _____ Relationship _____ Phone #: _____

Primary Physician's Name: _____ Phone Number: _____

The following person(s) are Authorized to pick up my child in addition to the emergency contacts:

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Does your child have your permission to sign him/herself in? Yes No Initial _____

Does your child have your permission to sign him/herself out? Yes No Initial _____

List medical conditions, allergies, medications: _____

Disclaimer

I understand that the City of Albuquerque is not responsible for children until they sign in or they are signed in by a person on the authorized list or after they sign out or are signed out by a person on the authorized list.

Parent/Guardian Signature _____ Date _____



The City of Albuquerque invites people with and without disabilities to participate in their programs and events. Please let us know when you register, if you need assistance to participate due to a disability by; filling out an Accommodation Request Form or by contacting the Therapeutic Recreation Office at 505-764-1575 or TTY 505-764-1707 to discuss your participation. I will need an accommodation/assessment: Yes _____ No _____

PERMISSION/LIABILITY RELEASE FORM

I am the parent or legal guardian of the child/ward named above and give my permission for him/her to participate in the Community Recreation Program. I understand my child\ward may need appropriate clothing, supplies or may need to pay a fee. For and in consideration of the City of Albuquerque, Department of Family & Community Services allowing my child/ward _____ to attend and participate in the Community Recreation Program. I hereby consent and agree to the following:

I have read and agree with the Community Center's Policies, Rules of Conduct and Expectations as stated in the Program Handbook. _____ Initial

CONSENT OF TREATMENT

In the event that my child/ward should, for any reason require any medical or surgical treatment and/or medication during the course of his/her attendance or participation in the Community Recreation Program, I authorize such physicians or medical staff as the organizers of this activity may appoint or designate to carry out the necessary treatment, or to take my child/ward to the emergency room of the nearest hospital, and I further authorize the hospital and its medical staff to provide treatments deemed necessary by them for the well being of my child/ward. It is understood, however, that if hospitalization or treatment of a more serious nature is required, I will be contacted, if at all possible by telephone for permission. _____ Initial

MEDIA

I hereby grant permission for the employees of the Community Recreation Program to record my child's/ward's likeness for use by television, film, radio or printed media to further the aims of those activities and programs in related campaigns, magazine articles, booklets, posters, and in any other ways they may see fit. I hereby release them from any and all claims in its usage. _____ Initial

LIABILITY

I covenant that I have taken such measures as I have deemed advisable to ascertain that my child's/ward's physical condition is suitable for the program (including a doctor's physical, if appropriate). I also confirm that my child/ward is covered by a medical insurance policy and that I will either pay any medical bills arising out of an injury suffered by my child/ward during the program or make a claim for our medical insurance to pay same and that neither I nor my child/ward will seek to hold the City of Albuquerque, Community Recreation Program nor the above entities; directors, employees, volunteers, and agents liable for medical expenses. In consideration of the City of Albuquerque, allowing my child/ward to participate in the program, I hereby forever release, discharge and hold harmless the City of Albuquerque, staff and volunteers associated with the Community Recreation Program from any and all claims, demands, damages, lawsuits, expenses or charges [of] whatsoever kind which may hereafter accrue or result from any injuries whatsoever, from our participation or our child's/ward's participation in the City of Albuquerque, Community Recreation Program. _____ Initial

INFORMATION RELEASE

I give consent to my child's/ward's school district/agency to release to the Community Recreation Program the following information concerning my child/ward: child's age, exceptional/special needs, and child's special restriction limitations. I understand this information will only be used by the Community Recreation Program staff to plan appropriate activities for the Community Recreation Program. _____ Initial

This signature applies to all of the above:

Signed _____ Date: _____ Relationship: _____