

FOR OFFICE USE Receipt Number:

Gainesville Parks, Recreation and Cultural Affairs Department 2020/2021 Program Registration Form Valid Oct. 1, 2020-Sept. 30, 2021

Program Name:		Program Locati <u>on:</u>	
Session Number and/or Ti	ime :	Class Level:	
PLEASE INITIAL (IF APPLICAB	LE): I have completed the handbook	c/orientation requirements for this program.	
ticipant(s) Information	• NEW CUSTOMERS - Pleas		
		S - Please complete sections 1 and 4 only. information has changed or is missing, check with staff while registering.	
Participant #1:		Participant #2:	
Male: Female: Age: Date	e of Birth:/ Grade:	Male: Female: Age: Date of Birth:// Grade	:
Indicate any allergies, medical, phys	ical limitations or behavioral concerns:	Indicate any allergies, medical, physical limitations or behavioral co	ncern
-		Secondary Guardian Name:	
Date of Birth:// Male: Female:		Date of Birth:// Male: Female:	
Mailing Address:		Mailing Address:	
-		Physical Address:	
•	State: Zip:	City: State: Zip:	
	Work:	Home:Work:	
	Carrier:	Cell:Carrier:	
☐ I agree to receive text alerts.		☐ I agree to receive text alerts.	
	t upcoming programs, events and specials.	Email: I would like to receive emails about upcoming programs, events and	
HOW DID YOU HEAR ABOUT US?_			
HOW DID YOU HEAR ABOUT US?_			
Emergency Information If I cannot be reached in the case of an emerge, I hereby also give permission to the physician	ency, I hereby give permission for immediate first aid	d care by the Parks, Recreation and Cultural Affairs personnel until a physician can be acce , and Cultural Affairs Department's authorized personnel to hospitalize, secure proper trea	essed.
Emergency Information If I cannot be reached in the case of an emerge, I hereby also give permission to the physician	ency, I hereby give permission for immediate first aid selected by the City of Gainesville Parks, Recreation, urgery for my child.	d care by the Parks, Recreation and Cultural Affairs personnel until a physician can be acce , and Cultural Affairs Department's authorized personnel to hospitalize, secure proper trea	tment f
Emergency Information If I cannot be reached in the case of an emerge I hereby also give permission to the physician and approve medications/injections and/or su	ency, I hereby give permission for immediate first aid selected by the City of Gainesville Parks, Recreation, argery for my child.	d care by the Parks, Recreation and Cultural Affairs personnel until a physician can be acce , and Cultural Affairs Department's authorized personnel to hospitalize, secure proper trea	tment f
Emergency Information If I cannot be reached in the case of an emerge I hereby also give permission to the physician and approve medications/injections and/or su 1st Emergency Contact Information Name:	ency, I hereby give permission for immediate first aid selected by the City of Gainesville Parks, Recreation, argery for my child.	d care by the Parks, Recreation and Cultural Affairs personnel until a physician can be acce , and Cultural Affairs Department's authorized personnel to hospitalize, secure proper treat 2nd Emergency Contact Information: If guardians are not avai	itment f
Emergency Information If I cannot be reached in the case of an emerge I hereby also give permission to the physician and approve medications/injections and/or su 1st Emergency Contact Information Name: Relationship:	ency, I hereby give permission for immediate first aid selected by the City of Gainesville Parks, Recreation, urgery for my child. On: If guardians are not available	d care by the Parks, Recreation and Cultural Affairs personnel until a physician can be acce, and Cultural Affairs Department's authorized personnel to hospitalize, secure proper treat 2nd Emergency Contact Information: If guardians are not avai Name:	itment f
Emergency Information If I cannot be reached in the case of an emerge I hereby also give permission to the physician and approve medications/injections and/or su st Emergency Contact Information Name: Relationship: (Other): Waiver Agreement I give permission for my child(ren) to participat transportation to and from the program/activit I hereby indemnify and release the City of Gain costs and injuries, which may be sustained by I and authorize such emergency medical treatm medical care or treatment as secured or autho	ency, I hereby give permission for immediate first aid selected by the City of Gainesville Parks, Recreation, argery for my child. On: If guardians are not available Phone (H): te in all programs and activities conducted by the City or field trip site, and certify that he/she is in good I esville, any of its elected or appointed officials, volume or minor children on account of his/her participating in the rized under this consent. I give my permission for my altural Affairs Department. This waiver, release and in	d care by the Parks, Recreation and Cultural Affairs personnel until a physician can be acce, and Cultural Affairs Department's authorized personnel to hospitalize, secure proper treat 2nd Emergency Contact Information: If guardians are not avail Name: Relationship:Phone (H):	d ctivities rney's f City to s merger ourpose
Emergency Information If I cannot be reached in the case of an emerge I hereby also give permission to the physician and approve medications/injections and/or su Ist Emergency Contact Information Name: Relationship: (Other): Waiver Agreement I give permission for my child(ren) to participat transportation to and from the program/activit I hereby indemnify and release the City of Gain costs and injuries, which may be sustained by rand authorize such emergency medical treatm medical care or treatment as secured or autho the City of Gainesville Parks, Recreation and Co	ency, I hereby give permission for immediate first aid selected by the City of Gainesville Parks, Recreation, argery for my child. On: If guardians are not available Phone (H): te in all programs and activities conducted by the City or field trip site, and certify that he/she is in good lesville, any of its elected or appointed officials, volur me or minor children on account of his/her participaent as my child might require while participating in tirized under this consent. I give my permission for my altural Affairs Department. This waiver, release and instand all of its terms.	d care by the Parks, Recreation and Cultural Affairs personnel until a physician can be acce, and Cultural Affairs Department's authorized personnel to hospitalize, secure proper treat 2nd Emergency Contact Information: If guardians are not avail Name: Relationship: Phone (H): (Other): ty of Gainesville Parks, Recreation and Cultural Affairs Department, including field trips and health and able to participate in all activities. I am fully aware of the risk inherent in such at nathers, employees, agents, and sponsors from any and all liability or claims, including atted the City's programs and activities. I also agree to pay all the costs and fees contingent on electivity programs and activities. I also agree to pay all the costs and fees contingent on electivity programs and activities. I also agree to pay all the costs and fees contingent on electivity programs and activities. I also agree to pay all the costs and fees contingent on electivity programs and activities. I also agree to pay all the costs and fees contingent on electivities.	d ctivities rney's fi City to s imergen ourpose

Residency Status: □ City □ Non-City