



<i>Staff only</i>	
ID#	
Date Enrolled	

Program & Enrollment Information

Facility Name	Program Name	Season / Year
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Youth Participant Information

First and Last Name						Date of Birth				Age			
Residential Address						City				Zip			
Primary Language Spoken at Home				Gender		Is the participant of Hispanic, Latino, or Spanish Origin?				Yes	No		
Race (circle one)	Black/ African American	White/ Caucasian	Asian			American Indian/ Pacific Islander		Multi-racial					
Home Phone			Cell Phone			Email							
School Name						Student ID Number							
Grade (circle one)	K	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th	10 th	11 th	12 th
Shirt Size (circle one)	Child's Small	Child's Medium	Child's Large	Adult Small	Adult Medium	Adult Large	Adult X-Large	Other					

Parent, Guardian and Emergency Contact Information

Contact 1		Check all that apply		
First & Last Name	Relationship	Caregiver <input type="checkbox"/>	Emergency Contact <input type="checkbox"/>	Authorized for Pick Up <input type="checkbox"/>
Email Address	Phone			
Contact 2				
First & Last Name	Relationship	Caregiver <input type="checkbox"/>	Emergency Contact <input type="checkbox"/>	Authorized for Pick Up <input type="checkbox"/>
Email Address	Phone			
Contact 3				
First & Last Name	Relationship	Caregiver <input type="checkbox"/>	Emergency Contact <input type="checkbox"/>	Authorized for Pick Up <input type="checkbox"/>
Email Address	Phone			
Contact 4				
First & Last Name	Relationship	Caregiver <input type="checkbox"/>	Emergency Contact <input type="checkbox"/>	Authorized for Pick Up <input type="checkbox"/>
Email Address	Phone			

Please complete the reverse side of this document



YOUTH PARTICIPANT WAIVERS

Dismissal

By signing below, I will allow my child to walk home by themselves.

<i>Signature of responsible party</i>	<i>Relationship</i>	<i>Date</i>

Emergency Clause

In the event I cannot be reached in an emergency, I hereby give my permission to employees of the **Philadelphia Parks & Recreation** to secure proper medical care for my child as deemed necessary. This permission extends from minor first-aid treatment to (under a doctor's orders) hospitalization injections, anesthesia, and other medical procedures deemed necessary.

<i>Signature of responsible party</i>	<i>Relationship</i>	<i>Date</i>

Media Release

I hereby grant permission to record my child's/ward's likeness and/or voice for use by television, films, radio or printed media to further the aims of **Philadelphia Parks & Recreation** in related campaigns and magazine articles, booklets, posters and in any other ways they may see fit.

<i>Signature of Responsible Party</i>	<i>Relationship</i>	<i>Date</i>

Staff Alerts

Please list any behavioral problems, diet restrictions, medical conditions, or any other important information for our staff to know.

PHILADELPHIA PARKS & RECREATION ASSURES THAT ALL FACILITIES AND SERVICES ARE AVAILABLE FOR PUBLIC USE WITHOUT REGARD TO RACE, COLOR, RELIGION, ANCESTRY, SEX, AGE, DISABILITY, NATIONAL ORIGIN, SEXUAL OR AFFECTIONAL PREFERENCE OF MARITAL STATUS. IF ANYONE BELIEVES HE OR SHE HAS BEEN SUBJECTED TO DISCRIMINATION ON THESE BASES, HE/SHE MAY FILE A COMPLAINT ALLEGING DISCRIMINATION WITH EITHER THE PHILADELPHIA PARKS & RECREATION OR THE OFFICE FOR EQUAL OPPORTUNITY, U.S. DEPARTMENT OF INTERIOR, WASHINGTON, D.C. 20240.