



# YOUTH PARTICIPANT REGISTRATION FORM

<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 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>	
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

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



# 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.