



YOUTH PARTICIPANT REGISTRATION FORM

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

Program & Enrollment Information

Facility Name	Program Name Online Programming	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		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 3		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 4		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			



YOUTH PARTICIPANT WAIVERS

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.		
<u>Signature of responsible party</u> Please type your name to sign.	<u>Relationship</u>	<u>Date</u>

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.		
<u>Signature of Responsible Party</u> Please type your name	<u>Relationship</u>	<u>Date</u>

Staff Alerts

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

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.