



**Park and Recreation Department  
Youth Participation Registration**

\_\_\_\_\_ After School Program \_\_\_\_\_ Camp \_\_\_\_\_ Other

Recreation Center: \_\_\_\_\_

**PARTICIPANT INFORMATION**

Name: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: F / M

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: Home:(\_\_\_\_) \_\_\_\_\_ Cell:(\_\_\_\_) \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Telephone: Home:(\_\_\_\_) \_\_\_\_\_ Work:(\_\_\_\_) \_\_\_\_\_ Cell:(\_\_\_\_) \_\_\_\_\_

Texas Drivers License/ID Number: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Parent/guardian listed above will be the first contact, please list two additional contacts.

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Telephone: Home:(\_\_\_\_) \_\_\_\_\_ Work:(\_\_\_\_) \_\_\_\_\_ Cell:(\_\_\_\_) \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Telephone: Home:(\_\_\_\_) \_\_\_\_\_ Work:(\_\_\_\_) \_\_\_\_\_ Cell:(\_\_\_\_) \_\_\_\_\_

I \_\_\_\_\_ hereby give my permission to City of Dallas Park and Recreation  
(print parent/guardian name)

Staff to call or obtain the services of a physician or hospital for medical or surgical care for  
\_\_\_\_\_ should an emergency arise. I understand that  
(print participant name)

a conscientious effort will be made to locate all emergency contacts before any action may be taken.

Preferred Hospital: \_\_\_\_\_

Family/Preferred Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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**PARTICIPANT RELEASE**

\_\_\_\_\_, \_\_\_\_ MAY \_\_\_\_ MAY NOT leave the Recreation Center Program Site  
(participant name)  
on his/her own or at their choice. Note: When a participant leaves the Dallas Park and Recreation Department (DPARD) facility, DPARD staff relinquishes all responsibility of participants.  
If participant MAY NOT leave at their own choice, list persons (other than yourself) authorized to transport the participant from the center programs. Only the persons listed below will be permitted to pick-up the participant and identification will be required.

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_ DL # \_\_\_\_\_

Telephone: Home : (\_\_\_\_) \_\_\_\_\_ Work : (\_\_\_\_) \_\_\_\_\_ Cell : (\_\_\_\_) \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_ DL # \_\_\_\_\_

Telephone: Home : (\_\_\_\_) \_\_\_\_\_ Work : (\_\_\_\_) \_\_\_\_\_ Cell : (\_\_\_\_) \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_ DL # \_\_\_\_\_

Telephone: Home : (\_\_\_\_) \_\_\_\_\_ Work : (\_\_\_\_) \_\_\_\_\_ Cell : (\_\_\_\_) \_\_\_\_\_

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Are there any custody arrangements that staff need to be made aware of? \_\_\_\_\_ YES\* \_\_\_\_\_ NO  
\*If yes, please provide supporting legal documentation.

**TRANSPORTATION PERMISSION**

\_\_\_\_\_  
(print participant name)  
has permission to participate in the Program outings in correspondence to the calendar which I will receive upon request from site staff. The calendar will list departure times from and return times to the site. Transportation will be provided by bus and/or van.

Precautions will be taken to prevent accidents and ensure the health and safety of me or my child, the City of Dallas, the Dallas Park and Recreation Department and Board, and the individual staff and volunteers of the Program are not liable for injuries to children or adults while on the premises, in any motor vehicle, or otherwise in the care of staff members.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AQUATIC SAFETY INFORMATION**

My child's swimming ability is: (please select one)

\_\_\_\_\_ Non-Swimmer (Child is fearful of the water and needs assistance)

\_\_\_\_\_ Beginner (not fearful, can put face in the water, can stay in shallow water)

\_\_\_\_\_ Advanced (has had some lessons, not fearful, can swim across the pool without stopping)

Please note that all participants will be given a swimming test upon arrival to a City of Dallas swimming pool, however, we want to ensure your knowledge of their swimming ability.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**HEALTH INFORMATION AND BEHAVIOR INFORMATION**

Please list any known disabilities/health conditions. (ie, allergies, Asthma, ADHD, Diabetes, seizures, etc): \_\_\_\_\_

Is the participant allergic to any medications? \_\_\_ NO \_\_\_ YES (if yes, please list those medications)

If your child requires medication while attending DPARD activities, please complete the following information:  
**MEDICATION**

Type: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Type: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

List any special instructions/precautions: \_\_\_\_\_

**MEDICAL WAIVER**

All medication must be in proper prescription bottle/s with the instructions for the administration of the medicine on the label. The medication sent to the program must be the daily dosage. DPARD staff is not permitted to accept any larger doses. If there are any changes in the dosage, time, frequency or administration of the medication, it is the participants'/parents'/guardians' responsibility to inform the staff in writing.

The undersigned acknowledges that the instructions on the pharmaceutical container are accurate. Furthermore, the undersigned agrees to allow the Dallas Park and Recreation staff to assist if necessary, in the administration of the medication to their child/parent/family member and waive any claims against the City of Dallas or its staff.

**IF YOU DO NOT ALLOW PERMISSION FOR THE ABOVE STATED PROCEDURES, MEDICATIONS WILL NOT BE DISPENSED WHILE PARTICIPANT IS ATTENDING DPARD PROGRAMS**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DALLAS PARK AND RECREATION DEPARTMENT PARENT INFORMATION**

\_\_\_\_\_ I have received a copy of the Parent Information, Recreation Center Program rules, and Behavior Policy, and agree to comply with all policies and procedures for participation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**WAIVER AND INDEMNIFICATION AGREEMENT, AND  
MEDICAL TREATMENT AUTHORIZATION FORM**

PLEASE INITIAL THAT YOU HAVE READ EACH PARAGRAPH AND SIGN AND DATE THE BOTTOM.

\_\_\_\_\_ 1. **EXCULPATORY CLAUSE.** In consideration for receiving permission for my/my child(ren)'s participation in any and all activities associated with DPARD YOUTH PROGRAMS (hereafter referred to as "activity") and deriving educational, cultural and/or recreational benefits from the activity, which is sponsored by the Park and Recreation Department of the City of Dallas, I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes the City of Dallas, its City Council and its members, its boards and commissions and their members, its officers, employees, servants, agents, volunteers, successors, assigns, and any other person acting under its permission and authority (collectively herein referred to as "CITY") from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that I/my child(ren) may sustain while participating in the activity, while traveling to and from the activity, while on the premises owned or leased by the CITY, or otherwise in the care of the CITY, *including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of the CITY.* I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

\_\_\_\_\_ 2. **INDEMNITY CLAUSE.** I know that there are inherent risks to my child(ren), myself, and others involved with the activity, including cuts and scrapes, dehydration/heat stroke, sprains, and unintentional collision injuries like broken bones, concussions, permanent injury, or death, and I choose to voluntarily participate/allow my child(ren) to participate in the activity with full knowledge that the activity may be hazardous to me, my child(ren) and my property, and to the person and property of others. I acknowledge the activity may be physically strenuous. I know of no medical reason why I/my child(ren) should not participate. *I agree to indemnify and hold harmless the CITY* from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, which may occur to myself, my child(ren), other participants, and third-persons as a result of my/my child(ren)'s participation in the activity, *including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of the CITY.*

\_\_\_\_\_ 3. **RELEASE OF PHOTOGRAPHS/VIDEO/AUDIO.** I expressly give and grant to the CITY the unqualified right, privilege, and permission to reproduce, publish, and circulate in every manner or form (including radio, television, newspapers, magazines, and the internet) video tapes, films, photographs, transparencies, and other images and likenesses of me, my child(ren), family, and/or property and audio recordings of my and their voices (collectively referred to as "video and audio recordings") , and I hereby grant, assign and transfer to the CITY all rights and interest therein at no charge. I specifically authorize and empower the CITY to cause any such video and audio recordings, to be copyrighted or in any other manner to be legally registered in the name of the CITY. I, for myself, my family, my child(ren), my heirs, executors, administrators and assigns, hereby remise, release, and discharge the CITY from any and all claims of any kind due to the use of such video and audio recordings, including all claims for damages or injunctive relief for libel, slander and invasion of the right of privacy.

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\_\_\_\_\_ 4. **MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER.** I understand the CITY cannot be expected to control all of the risks articulated in this form and the CITY may need to respond to accidents and potential emergency situations. Therefore, I give my consent for any medical treatment that may be required, as determined by a medical professional, during my/my child(ren)'s participation in the activity with the understanding that I will be responsible for the cost of any such treatment. I agree to indemnify and hold harmless the CITY for any costs incurred to treat me/my child(ren), even if the CITY has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes the CITY from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me/my child(ren) while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of the CITY. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

\_\_\_\_\_ 5. **VOLUNTARY SIGNATURE.** In signing this agreement, I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; the CITY has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this agreement for full, adequate, and complete consideration fully intending to be bound by all the terms in this agreement, now and in the future. I understand I can choose not to sign this agreement and free myself and my child(ren) from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me/my child(ren) that has a lower level of risk to myself and my child(ren). I further understand this activity is voluntary and extracurricular. While I understand alternative activities are available to me/my child(ren) that do not have the risks associated with the activity, I still desire to voluntarily engage/permit my child(ren) to engage in the activity.

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(Date) (Month) (Year)

Participant(s) Signature(s): \_\_\_\_\_

Printed Name(s): \_\_\_\_\_

Participant(s)' Date(s) of Birth: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_  
(If Participant is under 18 years old)

Parent or Legal Guardian Printed Name: \_\_\_\_\_  
(If Participant is under 18 years old)

# **Park and Recreation Department Youth Participation Registration**

## **Parental Information**

(TO BE SENT HOME WITH THE PARENTS)

### **Standards of Care**

The Dallas Park and Recreation Department is governed by Standards of Care. This chapter and the standards of care established by the chapter are adopted by the City Council of the City of Dallas, Texas in compliance with Section 42.041(b)(14) of the Texas Human Resources Code, as amended, in order to exempt City youth programs from state child-care licensing requirements. These standards of care are intended to be minimum standards by which the City will operate its youth programs. The programs operated by the city are recreational in nature and are not licensed child care facilities.

### **Release of Participant**

If your child is not permitted to leave the program alone, they will be released from a program only to a parent, or to a person designated by the parent in the registration forms.

### **Behavior Policy**

- A recreation center employee shall implement discipline and guidance in a consistent manner based on the best interests of program participants. Any participant who poses a danger to other participants or staff will be removed from the recreation center as soon as possible. Staff may summon City Police or other appropriate personnel for assistance.
- The Dallas Park and Recreation Department staff will meet with the parent or guardian upon the first offense. After a second offense the participant will be suspended from the recreation center and its programs for a set amount of time. A third offense will result in the participant being removed from the remainder of the program. Refunds will not be given if your child is removed from the program.
- Fighting, profanity, theft, carrying of weapons, use of drugs or alcohol will result in automatic suspension.

### **Refund Procedure**

- Full refunds or credits will be granted\* when requested more than 5 working days prior to the start date of the course/program, less a \$5 administrative fee. Refunds requested less than one week prior to the start date of the course will not be granted.
- \*Refunds cannot be granted for non-recoverable costs on some programs and trips, such as hotel costs and pre-paid admission fees. Also, on trips where services are contracted to outside agencies, the agency refund and cancellation policy will apply.

### **Recreation Center/Program Rules**

1. All youth must be enrolled in the Recreation Center Program and obtain a Recreation Card. No visitors are permitted in the program.
2. All participants must be clean, neat, and appropriately dressed. Socks and closed toed shoes required for all activities. Absolutely no gang attire or colors are permitted.
3. Participants are not permitted to bring personal property such as video games, cell phones, iPods, etc, to programs. If items are brought to camp, the Recreation Center will not be held responsible.
4. Absolutely no fighting, horse play, foul language, theft, possession of weapons or illegal drugs, or disrespect towards the staff will be tolerated. This will result in automatic suspension and possible expulsion from the program.
5. Children are not permitted to attend programs if they are running fever, have a contagious illness, stomach virus, pink eye, or head lice. They may return when they have been symptom/fever free for over 24 hours or have no live lice nits.
6. All participants are expected to participate in all program activities on a daily basis.
7. Parents are financially responsible for any intentional property destruction caused by their child.