



YOUTH PROGRAMS PARTICIPANT INFORMATION FORM

This form must be submitted on or before the participant's first day of attending the program.

www.lasvegasparksandrec.com

PARTICIPANT NAME:			PROGRAM/PROGRAM SITE:		HH#
STREET ADDRESS:			AGE:	DATE OF BIRTH:	SEX: M F
CITY:	STATE:	ZIP:	CURRENT GRADE:	SUMMER ONLY – SWIMMER LEVEL <input type="checkbox"/> Non-Swimmer <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	
PARENT/GUARDIAN (1):			RELATIONSHIP TO PARTICIPANT:		
WORK LOCATION:			HOME PHONE:	BUSINESS PHONE:	
CITY:	STATE:	ZIP:	ALTERNATE PHONE (E.G. CELL)	EMAIL:	
PARENT/GUARDIAN (2):			RELATIONSHIP TO PARTICIPANT: CHILD'S T-SHIRT SIZE <input type="checkbox"/> Youth X-Small <input type="checkbox"/> Youth Small <input type="checkbox"/> Youth Medium <input type="checkbox"/> Youth Large <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult Large <input type="checkbox"/> Adult X-L		
WORK LOCATION:			HOME PHONE:	BUSINESS PHONE:	
CITY:	STATE:	ZIP:	ALTERNATE PHONE (E.G. CELL)	EMAIL:	

EMERGENCY CONTACT / AUTHORIZED ESCORTS: List individuals who can respond to an emergency in the event that the legal parent(s)/guardian(s) cannot be reached. Authorized persons listed below (e.g.: other custodial parent/3rd party person) must be able to escort the participant from the program.

NAME	RELATIONSHIP	DAY PHONE	NIGHT PHONE	ALTERNATE PHONE	PARENT (1)/(2)

MEDICATION: YES NO (If yes, please fill out the CLV Medication Release form and attach child's photo.)

HEALTH ISSUES / ALLERGIES: _____

SPECIAL NEEDS / ACCOMMODATIONS: (Please explain any specific health issues or accommodations that may be needed for participation in activities.) _____

FEES: I understand that all fees/payments are due Fridays by 6 p.m. PST for seasonal camps. Payments can be made online, over the phone or in person at all city of Las Vegas recreation centers using cash, money order, credit card (MC, VISA and DISCOVER), debit card, or check accompanied by a valid driver's license. _____ **INITIAL**

LATE PICK-UP FEE: A \$10 late pick-up fee is assessed for every 10 minute increment the child stays past the scheduled program end time. The late fee will continue to accrue until the child is signed out from the program. _____ **INITIAL**

REFUND POLICY/ ABSENTEEISM: Please refer to the parent handbook for refund policy, no credit is given when a child is absent from the program. _____ **INITIAL**

SIGN-IN/SIGN-OUT: I understand that each child must be signed in and/or out daily. The only person(s) authorized to pick up the child are those listed on this form and a photo ID must be shown every time. _____ **INITIAL**

PARENT HANDBOOK: I have received and will read and understand the policies and procedures outlined in the parent handbook. _____ **INITIAL**

PHOTO/ VIDEO POLICY: During city-sponsored programs and events, City Staff may take photos and/or video of participants that may be used in professionally designed city publications and promotional materials. Please initial if you approve of your child being photographed. _____ **INITIAL**

PERSONAL POSSESSIONS AND USAGE IN CITY PROGRAMS: Personal toys, electronic equipment and other items are not allowed to be brought from home. A participant's cell phone may be brought, but must be turned off and in the participant's backpack, purse or lunch bag while the participant is in the program. _____ **INITIAL**

RELEASE OF LIABILITY AND INDEMNIFICATION

As a condition to being granted access to any facility owned by the City Of Las Vegas, and authorization to participate in any event or program, including, without limitation, any class, tournament, special event or other activity administered or sponsored by the DEPARTMENT OF PARKS AND RECREATION of the City, the undersigned, by signing below at the appropriate signature line, acting either (i) for himself or herself as a participant ("Participant") in an event or program administered or sponsored by the DEPARTMENT OF PARKS AND RECREATION, or (ii) as the parent or legal guardian of the participant on behalf of the participant, and in either case acting as the representative of the heirs and of the executor or administrator of the estate of the participant, hereby now and forever, waives and releases the city of Las Vegas, its Officers, employees, agents and representatives, from any and all liability for personal injuries and/or property damage sustained or suffered by the participant as a result or consequence of the participant participating in any of the aforementioned events or programs. In addition to the waiver and release set forth herein, the undersigned, as the participant, or as the parent or legal guardian Of the participant, agrees to defend, indemnify and hold the City, its Officers, employees, agents and representatives, harmless from any and all claims, demands, suits, judgments, awards or any other form of liability for personal injuries and/or property damage, which is the result of the participants negligent act or omission in connection with the participant's participation in any Of the aforementioned events or programs administered or sponsored by the DEPARTMENT OF PARKS AND RECREATION, or use of any facility owned by the city of Las Vegas in connection therewith.

PARENT OR LEGAL GUARDIAN

Parent (1) / Guardian Signature

Date

Parent (2) / Guardian Signature

Date