

Parks and Recreation Department ASP Registration Form

Account Information – If you already have an ActiveNet account, skip down to the registration information section. You will need to present your valid IPAR card for registration.

Head of Household Name _____ D.O.B. _____ Gender: Male Female
First Last mm/dd/yyyy

Spouse/Partner Name _____ D.O.B. _____ Gender: Male Female
First Last mm/dd/yyyy

Address _____ City _____ State _____ Zip _____

Primary Phone (____) _____ - _____ Secondary Phone (____) _____ - _____ Email _____

Emergency _____ Primary Phone (____) _____ - _____
(Contact Person) First Last

Registration Information

Child #1 Name _____ D.O.B. _____ Gender: Male Female
First Last mm/dd/yyyy

Any medical problem the recreation center should know about? _____

School Child Attends _____ Grade Child is in _____ List any medications the participant will be taking. _____

Child #2 Name _____ D.O.B. _____ Gender: Male Female
First Last mm/dd/yyyy

Any medical problem the recreation center should know about? _____

School Child Attends _____ Grade Child is in _____ List any medications the participant will be taking. _____

Session 1 Aug 25 – Oct 3	Session 2 Oct 6 – Nov 14 Registration Begins Sep 19	Session 3 Nov 17 – Jan 23 Registration Begins Oct 31	Session 4 Jan 26 – Mar 6 Registration Begins Jan 9	Session 5 Mar 16 – Apr 24 Registration Begins Feb 20	Session 6 Apr 27 - Jun 4 Registration Begins Apr 10
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Authorized Pick-up (must be 18): List anyone besides parents and emergency contact

Name1 _____ Phone _____ Name2 _____ Phone _____

Name3 _____ Phone _____ Name4 _____ Phone _____

Guidelines, Consent, Waiver & Emergency Release

Please Initial

- _____ 1. **Children** picked up after 6:00pm will be charged a late fee. The fee is \$15 for every 10 minutes after 6:01pm. Consistent late pick up may result in suspension from program.
- _____ 2. **Children** must wear tennis shoes every day to the Afterschool School Program (ASP).
- _____ 3. **Children cannot** bring money to the ASP.
- _____ 4. **Children cannot** bring CELL PHONES, toys, MP3 or CD players to the ASP. All items will be taken up by staff and held until the end of the day and returned to parent.
- _____ 5. **Children who become ill** may not remain in the program. A parent or emergency contact person will be called.
- _____ 6. **Parents or authorized adults** are required to **sign children out every day**. Children will not be allowed to sign themselves out, or wait outside the building.
- _____ 7. **Parents** will be notified of children who have repeated disciplinary problems. Repeated discipline or behavior problems may result in suspension from the program. **NO** Refunds will be given for children who are suspended from the program.
- _____ 8. **For the safety of all students:** Only persons 18 years or older with a valid state ID or driver's license can sign them out. This includes older siblings.

Emergency Release: In case of an emergency: I _____ give, or _____ do not give the City of Irving, and it's staff the authority to call for medical attention for my
(initials) (initials)

son/daughter while participating in any program, field trip or special event with the Cimarron Park Recreation Center After School Program or any other City of Irving park or facility.

Waiver & Consent Form

I have read and fully understand and agree to all of the guidelines and regulations regarding the City of Irving Programs. I also agree to follow the guidelines set forth for After School Program/Day Camp. I release the City of Irving, its employees and volunteers from all responsibility for any accident or injury that may occur while my son/daughter participates in planned activities at any city of Irving facility, field trip, or water park. I also do not hold the City of Irving, it's employees and volunteers responsible for any accident or injury to my son/daughter while transporting to and from planned activities, field trip or water park unless negligence is proven.

Parents/Guardian Signature: _____

Effective Date of Agreement: _____

Photo/Video/Statement Consent and Release Agreement

By my signature on this form, I authorize the City of Irving and its agents and assigns (hereinafter City of Irving) should it choose, to use my [or my child's or dependent's (as applicable)] name, picture, voice, verbal statements, and/or portraits (video or still) in any promotional and/or educational printed or electronic piece that furthers the City of Irving's public relations and/or educational efforts during this and subsequent years. This includes, but is not limited to, external news media outlets, printed materials, broadcast, web site, brochures, displays, newsletters, or other means of communicating with the public about programs and services in Irving. I further understand that the pictures, recordings, articles, copy, or other means of communications may or may not personally identify me [or my child or dependent (as applicable)]. I release to the City of Irving and consent to the use of my [or my child's or dependent's (as applicable)], name, picture, voice, verbal statements, or portraits (video or still). **I WAIVE TO THE FULLEST EXTENT THAT I MAY LAWFULLY DO, ANY CAUSES OF ACTION IN LAW OR EQUITY THAT I MAY HAVE OR MAY HEREAFTER ACQUIRE AGAINST THE CITY OF IRVING ARISING OUT OF OR IN CONNECTION WITH THE USE OF MY [OR MY CHILD'S OR DEPENDENT'S (AS APPLICABLE)] NAME, PICTURE, VOICE, VERBAL STATEMENTS, OR PORTRAITS (VIDEO OR STILL).** I further affirm that I understand and agree that:

- ❖ No monetary consideration will be paid.
- ❖ Consent and release have been given without coercion or duress.
- ❖ This agreement is binding upon any heirs and/or future legal representatives.
- ❖ The photographs, video, and/or statements may be used in subsequent years.
- ❖ This consent and release shall be governed by Texas law.

Name: (Print name) _____ Parents/Guardian Signature: _____

Effective Date of Agreement: _____