



TYLER PARKS AND RECREATION DEPARTMENT

PLAYGROUND REGISTRATION FORM

(This program is not licensed by the State of Texas)

Playground site: _____

Participant Name (Please Print)	Age	Birthday	Male or Female
---------------------------------	-----	----------	----------------

Parent/Guardian Name (Please Print)	Address	City	State	Zip
-------------------------------------	---------	------	-------	-----

Home Phone	Work Phone	Grade Level	School
------------	------------	-------------	--------

Emergency Contact Person if Parent/Guardian Can't Be Reached	Phone #	Relationship
--	---------	--------------

Physician	Medical Group	Phone #
-----------	---------------	---------

AGREEMENT, WAIVER AND RELEASE FOR MINOR

In consideration for being permitted by the City of Tyler Parks and Recreation Department to participate in the Summer Playground Activities, I, the UNDERSIGNED, certify that I have custody or am the legal guardian of said minor by court order, and I agree to be bound by the following:

1. Participation in Program: The Summer Playground Program provides a variety of activities for children including, but not limited to, contact sports, playing on playground equipment, arts and crafts, social activities, active games and quiet games. Some hazards associated with these activities include but not limited to, injuries associated with contact sports and injuries associated with playing on playground equipment, sun burns, heat exhaustion, insect bites, bee stings, and minor injuries associated to using scissors, game equipment and various other supplies and materials. Ages for the program are: 6 to 12 years only! Playground sites no charge. Glass Rec Day Camp \$50 per child.

2. Condition of Program: I understand that the above mentioned programs are not child care, but are considered by the State of Texas to be drop-in Recreational programming whereby parents must be clearly informed that children are not there to receive structured care and supervision. Children have the right to come and go from the facility and staff will not supervise them to prevent them from leaving.

3. Medical Attention: I hereby give my consent that in the event said minor should require medical treatment while under the supervision of said department's personnel in connection with the described activity, such supervisor may authorize treatment. I also agree to pay all medical, hospital or other expenses which said minor may incur as a result.

4. Waiver, Release and Indemnification: I hereby waive, release and discharge any and all claims in advance against the above department (its officers, employees and agents) from and against any and all liability arising out of or connected in any way with said minor's participation in said activity, even though that liability may arise out of negligence or carelessness on the part of said department (its officers, employees or agents) for damage for personal injury, death or property damage which I or said minor may have or which may hereafter accrue as a result of participation in said activity. It is understood and agreed that this waiver, release and assumption of risks is to be binding

on the heirs and assigns of said minor and the undersigned. I further agree to reimburse or make good any loss or damage or cost that the above department (its officers, employees or agents) may have to pay if any litigation arises on account of any claim made by said minor or by anyone on behalf of said minor.

5. Promotion: I hereby give consent to the said department to photograph said minor. I understand the picture may be included in program scrap-book, and/or in the promotion of Tyler Parks and Recreation Department Summer Playground Program in the newspaper, slide shows or other media.

6. Please list people authorize to pick up your child: (Names) _____

7. Does your child have any food allergies, if so please list: _____

8. Does your child have any medical conditions? If so please list: _____

I have carefully read this Waiver or Liability, Medical Release and Indemnification Agreement and fully understand its contents. I am aware that this is a release of Liability and a contract between myself and the above department and I sign it of my Free Will

Parent/Guardian Signature

Date

Witness

Date