



Registration Form

City of Brownsville Parks & Recreation Department

(MUST FILL OUT COMPLETE FORM or child may be disqualified from the program)

Site: Gonzalez Park Date of Birth: ___/___/___ Age: ___ Sex: ___ Grade: ___

Child's Name: _____ Address: _____

City/Zip: _____ Child's School: _____

Parent/Guardian: _____ Phone: (____) _____

Alternate Emergency Contact: _____ Phone: (____) _____

Medical Information/Special Needs: _____

Child's Physician: _____ Phone: (____) _____

MEDICAL RELEASE/WAIVER

I (Parent/Guardian) _____, do hereby authorize the City of Brownsville Parks & Recreation Department to provide emergency medical treatment to my child, _____, in the event that I am unreachable and in the event of an emergency need for such treatment. I further authorize the treatment to be provided by the licensed medical practitioner or facility determined by the staff to be best able to serve my child's needs, and further, I understand that I am totally responsible for any expense associated with such treatment. The safety of my child is always the City's number one concern. I understand that every effort will be made to contact me or the person that has been designated by me as soon as possible after such an occurrence. I hereby agree not to sue the City of Brownsville, staff, and instructors, if my child is injured in any manner while participating in said program. I will hold the City of Brownsville, staff and instructors harmless from all monetary damages, including punitive damages, imposed by any lawsuit filed related to any injury my child may receive while participating in said program. I understand that by signing this I give up all rights to sue the City of Brownsville, staff and instructors.

Parent/Guardians Signature: _____ Date: _____

Photographic Release:

I hereby **GIVE CONSENT, DO NOT GIVE CONSENT**, to the City of Brownsville to reproduce photographs or video for advertising and publicity purposes.

I certify that all the information on this registration form is correct and that I have not withheld any information.

Parent/Guardian Signature: _____ Date: _____

This program does not discriminate against participants because of their race, color, national origin, sex, age, disability, religion, or political belief.