City of Henderson Public Works, Parks and Recreation Department

Youth Participant Information & Parent/Guardian Agreement

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

		T					
Participant Name:		Age:	Date of Birth:	Sex: M F			
Street Address:		School:					
City:	Current Grade:						
State: Zi	Home Phone:	Home Phone:					
Parent/Guardian (1):	Relationship to Participant:						
Street Address	Home Phone						
(if different from participant):	Alternate phone (e.g., cell):						
City: State: Zip:		Business Phone: Ext.					
Parent/Guardian (2):	Relationship to Participant:						
Street Address (if different from participant):	Home Phone Alternate Phone (e.g., cell):						
City: Star		Business Phone		Ext.			
Emergency Contact and 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/ 3 rd -party person) must be able to escort the participant from the program.							
Name (Parent 1)	Relationship	Day Phone	Cell Phone	Alternate Phone			
<u> </u>							
Name (Parent 2)	Relationship	Day Phone	Cell Phone	Alternate Phone			
		_					
If your shild has special peeds and/o	r noode accietance to full	v and cafely nartic	ingto in a program the Dra	gram Coordinator			
If your child has special needs and/or needs assistance to fully and safely participate in a program, the Program Coordinator needs to be contacted in advance. Please advise the Program Coordinator of any possible need for assistance at least two							
(2) weeks prior to the program's start	date. For full telephone	access, use Rela	ay nevada by dialing 7-1-1	l <u>•</u>			
Special Needs, Allergies, Medical Information	ation & Special Consideratio	ns:					
PARTICIPANT, PARENT/GUARDIAN AGREEMENT							
I have read the parent handbook and agree to abide by the program rules and regulations. If procedures are not							
followed, I understand my child may be removed from the program. This authorization will be effective until the beginning of the next school year.							
229 ming of the next selled year.							
Parent (1) /Guardian Signature	Data	Parent (2) /Guard	dian Signaturo	Data			
raieiii (1)/Guarulan Signature	Date		uiaii oigiiatule	Date			
Authorization to Participate and for Emergency Medical Treatment							
I, as the participant or parent or legal guardian of the above-named child, hereby give permission for his/her/my participation in the Youth Enrichment activity(ies) noted in the Parent Handbook. I further authorize, without my prior approval, the							
rendering of any emergency medical treatment that may become necessary due to his/her/my participation in the activity(ies).							
		111111111111111111111111111111111111111					
Parent (1) /Guardian Signature	 Date	Parent (2) /Guard	dian Signature	 Date			
V d D d d d d d d d d d d d d d d d d d	./O !! A	7 G. C.	a.a.r Orginaturo	D			



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Participant Name:		Age:	School:	Grade:
·	ELEASE AN	-	ER OF LIABILITY,	0.000
			EMNIFICATION AGRE	EMENT
In consideration of the permission gr Enrichment and the activity(ies) pro- Parent Handbook,				
I DO HEREBY AGREE, on behalf of to RELEASE the City of Henderson agents ("CITY Parties") from and W manner of action or actions, cause of promises, liabilities, obligations, loss indemnities, costs and expenses (coamount, regardless of severity, INCL NEGLIGENCE OF THE CITY OF HE OFFICIALS, REPRESENTATIVES Coexception, whether anticipated or una of contract, breach of contract, breach of contract, breach of contract, breach of any event, transaction, m related in any manner to my and/or thactivities.	n, its employed AIVE all liabing reauses of act act ases, damages of actively refered by the control of the con	ees, forme lity agains ion, suits, s (whether red to as ot limited ID/OR THI which I and eseen or uvenant of whatsoever whatsoever in the little in the litt	r employees, volunteers, at the CITY Parties, and e judgments, demands, clair general, special or pur "Claims"), of every nature to "CLAIMS" ARISING FE NEGLIGENCE OF ITS Edfor my child may have at unforeseen, direct or indire good faith and fair dealing of liability or declaration for, with respect to, in columns	officials, representatives and each of them, for any and all ms, rights, debts, agreements, nitive), attorney's fees, liens, e, character, description and ROM OR RELATED TO THE MPLOYEES, VOLUNTEERS, any time without limitation or ct, whether based on theories g, tort, violation of statute or of rights whatsoever, for or by nnection with, arising from or
I understand that the Program and Program involve the risk of injury thenderson and/or other CITY Parties injuries to major injuries, such as participation in the Program, I undershenderson, its officers, officials, employed by the LIABLE FOR ANY INJURY any damage to me, my child(ren), marising from the negligence of the Ciagents, independent contractors, oth activities take place or where Program	to participants, s. Specific risk catastrophic istand and volubloyees, former y, including with y spouse or to ty of Hendersoner participants	whether as vary from njuries incumtarily acremployee hout limitate my relative, its offices or non-p	caused by the participan mone activity to another a cluding death. In considerant capt and assume the risks, volunteers, agents and ition, personal, bodily, or moves or the relative of the alers, officials, employees, for articipants present or near	t, someone else, the City of nd the risks range from minor leration of my or my child's ks and agree that the City of independent contractors WILL nental injury, economic loss or bove-named child resulting or ormer employees, volunteers, ar to location where Program
I FURTHER AGREE TO INDEMNIF volunteers, officials, representatives damages, penalties, causes of action limited to "CLAIMS" ARISING FRAND/OR THE NEGLIGENCE OF AGENTS for which the CITY Parties, any person or property, including, but	and/or agen n, costs and ex ROM OR RELA ITS EMPLO or any of them	ts from a penses (in ATED TO YEES, VO n, may beco	nd against any and all cluding reasonable attorned THE NEGLIGENCE OF COLUNTEERS, OFFICIALS ome obligated by reason o	liabilities, obligations, claims, by fees), INCLUDING, but not THE CITY OF HENDERSON B, REPRESENTATIVES OR f any injury, damage or loss to
Please Print Parent (1) /Guardian Name			Please Print Parent (2) /Guard	ian Name
Parent (1) /Guardian Signature	Date	- <u>.</u>	Parent (2) /Guardian Signature	 Date



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A Flore To Cott Home			_
Participant Name:	Age:	School:	Grade:
RELEASE AN ASSUMPTION OF RISK AND		R OF LIABILITY, FICATION AGREEMEN	IT CONT.
I acknowledge, that the City of Henderson is not re the right to reconcile customer balances should the			
I represent that I am the parent or legal guardian of guardian to enroll the child in this activity; and graphotograph or image, with or without my or my child objects for any and all purposes including, but ling promotion.	nt and give th d's name, bo	ne City of Henderson the rith individually and in conju	ight to use my or my child's nction with other persons or
I authorize the City of Henderson to share information	on with the C	lark County School District	when necessary.
I acknowledge and agree that this form may be exe and that if I elect to do so, such transmission shal waivers, and provisions set forth and agreed to here	I in no way ii		
I represent that I am the parent or legally appointe agreements set forth above on behalf of myself and			authorized to enter into the
I agree that this Agreement contains my entire, cormatters set forth herein and that there are no indeagreements, oral or written that I have relied upon been incorporated into this Agreement by reference	ependent, coll n in entering	ateral, different, additional into this Agreement. I ag	or other understandings or
I have read and fully understand the terms of Indemnification Agreement, and sign it vol consequences.			
Please Print Parent (1) /Guardian Name	Ple	ease Print Parent (2) /Guardian	n Name
Parent (1) /Guardian Signature Date	Pa	rent (2) /Guardian Signature	Date