



**City of Henderson Parks and Recreation Department  
YOUTH ENRICHMENT SECTION**

## Youth Participant Information & Parent/Guardian Agreement

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

Participant Name:		Age:	Date of Birth:	Sex: M F
Street Address:		School:		
City:		Current Grade:		
State:	Zip:	Home Phone:		
Parent/Guardian (1):		Relationship to Participant:		
Street Address (if different from participant):		Home Phone		
		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:	State:	Zip:	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<sup>rd</sup>-party person) must be able to escort the participant from the program.

Name	Relationship	Day Phone	Night Phone	Alternate Phone	Parent (1)/(2)

The City of Henderson welcomes participants of all ages and abilities to participate in its recreation programs. If you or your child 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 Relay Nevada by dialing 7-1-1.**

Special Needs Information:

Allergies/Medical Information:	Special Considerations:
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***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).

Parent (1) /Guardian Signature _____	Date _____	Parent (2) /Guardian Signature _____	Date _____
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Participant Name:	Age:	School:	Grade:
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**WAIVER, INDEMNIFICATION AGREEMENT**

I, as the participant or parent or legal guardian of the above-named child, hereby give permission for his/her participation in the Youth Enrichment Program. 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).

In consideration of the permission granted to me or the above-named child to participate in the activity(ies) Youth Enrichment listed in the parent handbook, I do hereby agree, on my own behalf as the participant or, if the parent or legal guardian, on my own behalf and on behalf of the above-named child, to release the City of Henderson and its officials, administrators, employees, agents, representatives, and volunteers from any and all actions, causes of action, damages, claims, or demands of whatever kind or nature which I or the above-named child may have against the City of Henderson or the other above-listed parties for any injuries, known or unknown, which are incurred by, arise from, or in any way relate to my or the above-named child's participation in the activity(ies) described above.

The City of Henderson is not responsible for lost or stolen items. The City of Henderson reserves the right to reconcile customer balances should the customer have available credit on their account.

I represent that I am the parent or legal guardian of this child or that I have permission from the child's parent or legal guardian to enroll the child in this activity; and grant and give the City of Henderson the right to use my or my child's photograph or image, with or without my or my child's name, both individually and in conjunction with other persons or objects for any and all purposes including, but limited to, private or public presentations, advertising, publicity and promotion.

I authorize the City of Henderson to share information with the Clark County School District when necessary.

I have read this release and fully understand its terms. I execute the release voluntarily and with full knowledge of its significance and consequences. Please make a copy of this form for your records, as the City will not provide one. **All parents will be required to submit a new registration form each new school year.**

_____ Parent (1) /Guardian Signature	_____ Date	_____ Parent (2) /Guardian Signature	_____ Date
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**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. I further understand that the City of Henderson is not responsible for lost or stolen items. This authorization will be effective until the beginning of the next school year.

_____ Participant Signature	_____ Date
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_____ Parent (1) /Guardian Signature	_____ Date	_____ Parent (2) /Guardian Signature	_____ Date
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**I agree that all terms of the authorization to participate and for emergency medical treatment on the front page of this Youth Participation Information and Parent/Guardian Agreement apply.**

_____ Parent (1) /Guardian Signature	_____ Date	_____ Parent (2) /Guardian Signature	_____ Date
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