



2010 ParaKids Daycamps Registration Form

NAME: _____ PREFERRED NAME: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 HOME PHONE #: _____ E-MAIL ADDRESS: _____
 AGE: _____ DATE OF BIRTH: _____ SCHOOL: _____ GRADE: _____
 ALLERGIES/DISABILITIES: _____
 MOTHER'S NAME: _____
 WORK PHONE #: _____ CELL PHONE: _____
 FATHER'S NAME: _____
 WORK PHONE #: _____ CELL PHONE: _____

PICK-UP CONSENT FORM:

To ensure your child's safety, please indicate those person(s) [other than legal parent/guardian] who may pick-up your child from the activity site and also serve as an emergency contact if parent/guardian cannot be reached.

Child/children will NOT be released to anyone NOT on this list.

- 1) NAME _____ Relationship to child _____
 Home Phone # _____ Work Phone # _____
- 2) NAME _____ Relationship to child _____
 Home Phone # _____ Work Phone # _____

***ONE DAY CAMPS: (McAbee only) Circle one: MLK or Weather Day

***SPRING BREAK: Circle one location: McAbee or Phelps

I hereby give my permission for (name of participant/child/ward) _____ to participate in this program/activity conducted by the Tuscaloosa County Park & Recreation Authority (PARA). I assume all risks and hazards incident to such activities and transportation to and from the same. I release, discharge, and acquit PARA and all of its agents, servants, employees, staff and personnel from and with respect to all claims, causes of action and rights of recovery which I have, or might have at any time in the future as a result of any property damage or bodily injury suffered by said child/ward during the course of any such activities. Additionally, I agree to indemnify and hold harmless PARA and the employees from and against any and all claims, suits, damages, judgments, attorney fees and expenses of every kind on account of property or bodily injury, including death, suffered or experienced by me or my said child/ward occurring during, or in any way resulting from any of said activities, whether or not caused by a negligent act (except as may be occasioned by gross or wanton employees) or omission of any sort by PARA employees. I authorize PARA and employees to render any medical care and treatment to my said child/ward deemed necessary with respect to any illness or injury occurring during any PARA activities. I fully understand that PARA has NO ACCIDENT or MEDICAL PAYMENT INSURANCE COVERAGE for the participant/child/ward and I agree to pay all medical costs incurred if treatment is obtained. I understand that PARA assumes no responsibility or liability for lost, stolen, or misplaced items. I also give permission for PARA to take photographs and/or videos of my child during activity for publicity use. Furthermore, please take caution when sending valuable, sentimental items with child/ward to any activities. PARA accepts NO RESPONSIBILITY for lost or stolen items. This instrument is signed both on behalf of the individual and the child/ward. If paying via credit card, my signature authorizes PARA to charge the agreed upon amount to your card and I agree to pay the credit card charges according to the credit card issuer agreements. I also give my child permission to jump on the Moon Walk.

Signature _____ Date _____

Credit Card:

VISA MASTERCARD CC# _____ Exp. Date _____

Signature _____

Rec. # _____ Total Amount Paid \$ _____

Location Paid _____ Date _____ Received by _____

***Keyed into RecTrac _____ Date _____ Employee Initials _____