



Southlake Community Services Program Release and Registration Form

Participant's Name _____

Age _____ Date of Birth _____ Parent email (s) _____

Address _____ City _____ Zip _____

Home phone _____ Cell phone _____

Mother's name _____ Day phone _____

Father's name _____ Day phone _____

Emergency Contact

Emergency Contact (other than parents) _____

Phone Number _____ Relationship _____

Medical Information

Will your child need to take any medications during program hours? YES NO

If yes, please complete the Consent to Administer Medication form.

Allergies _____ Chronic illnesses _____

Any special needs or accommodations our staff should be aware of? _____

Authorized Pick-up Information

The following person(s) will be allowed to sign my child out from the school site (PLEASE INCLUDE PARENTS). Your child will only be released to those listed below. Must be at least 16 years of age and ID will be required.

NAME	PHONE NUMBER	NAME	PHONE NUMBER
1. _____	_____	2. _____	_____
3. _____	_____	4. _____	_____
5. _____	_____	6. _____	_____

LIABILITY WAIVER: I hereby relieve the City of Southlake, its employees, agents, instructors of all liability for damages or injuries to my child while participating in the Southlake Parks and Recreation Youth Programs. Furthermore, I have read and understand the refund policy and understand the City of Southlake may use photographs of participants for promotions.

EMERGENCY TREATMENT RELEASE: In the event I cannot be contacted to make arrangements for emergency medical treatment, I authorize the person in charge to seek and obtain emergency medical treatment for my child. I also authorize transportation to the nearest medical facility in the event it should become necessary

Signature of Parent/Guardian

Date