



# Alamogordo Family Recreation Center

## YOUTH PARTICIPANT REGISTRATION FORM

|                                 |   |                |
|---------------------------------|---|----------------|
| <b>PARTICIPANT'S NAME:</b>      |   |                |
| <b>Nickname/Preferred Name:</b> | <b>SCHOOL (ASF only):</b>   |                |
| <b>DATE OF BIRTH:</b>           | <b>GENDER:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____ | <b>Height:</b> |

|  |  |
|--|--|
| <b>PARENT/GUARDIAN NAME (primary contact):</b> | <b>PARENT/GUARDIAN NAME (secondary contact):</b> |
| <b>CELL PHONE #:</b>                           | <b>CELL PHONE #:</b>                             |
| <b>WORK PHONE #:</b>                           | <b>WORK PHONE #:</b>                             |
| <b>HOME PHONE #:</b>                           | <b>HOME PHONE #:</b>                             |
| <b>ADDRESS:</b>                                | <b>ADDRESS:</b>                                  |
| <b>CITY/STATE:</b>                             | <b>CITY/STATE:</b>                               |
| <b>EMAIL:</b>                                  | <b>EMAIL:</b>                                    |

*I agree to notify program staff of any changes to the information given on the registration form, including medical, physical, and emotional health issues and/or custody arrangements.*

### EMERGENCY CONTACTS/CHILD SIGN-OUT LIST

**Emergency Contact:** Provide emergency contact information in case the parent/guardian can't be reached in an emergency.

**Child Sign-Out:** List the individuals other than parents/guardians' contacts that have your permission to sign-out your child from our Youth Programs. (Note: persons signing out the child will be required to show staff a valid photo ID)

**Passcode:** A passcode will be utilized when calling in to add a person to the pick-up list. This is for emergencies/same-day additions. Your passcode will be requested during registration and cannot be established over the phone. DO NOT share this with anyone.

| NAME (As listed on photo ID) | RELATION TO CHILD | PHONE NUMBER | Emergency | Sign-Out |
|------------------------------|-------------------|--------------|-----------|----------|
| 1.                           |                   |              |           |          |
| 2.                           |                   |              |           |          |
| 3.                           |                   |              |           |          |
| 4.                           |                   |              |           |          |
| 5.                           |                   |              |           |          |

### THE FOLLOWING ARE ON FILE FOR MY CHILD.

|     |     |   |
|-----|-----|---|
| Yes | N/A | Youth Medication Administration Requestion Form |
| Yes | N/A | Custody Documentation.                          |

### MEDIA RELEASE

May we have permission to take the participant's photograph or video, which may be used on the City of Alamogordo's public website, in print, electronic media, and/or community newspapers for the promotion of COA/AFRC programs and services?  **Yes, I grant consent**       **No, I do not grant consent**

**CHILD TEE SHIRT SIZE** – sample sizes available upon request (youth XS or XL are not available)

Youth Sm    Youth Med    Youth Lrg    Adult Sm    Adult Med    Adult Lrg    Adult XL

## PARTICIPANT HEALTH / SPECIAL NEEDS INFORMATION

Please take time to complete this page carefully. The information contained on this form is considered confidential and will only be utilized by the staff of the Alamogordo Family Recreation Center (COA – PARKS AND RECREATION) to ensure that proper care and attention are given to the health and safety of the participant. EXCEPTION: information will be shared with EMS in an emergency.

### QUESTIONNAIRE

|          |  |            |           |
|----------|--|------------|-----------|
| <b>1</b> | Is your child taking any medication that will need to be administered during program hours? (e.g., oral, injection, prescription, non-prescription, inhaler...)  | <b>YES</b> | <b>NO</b> |
|          | IF <b>YES</b> , complete the Medication Administration Request Form for each medication.   |            |           |
| <b>2</b> | Does your child have a medical condition or disability (physical, mental, or developmental) that may affect their participation or integration into the program? | <b>YES</b> | <b>NO</b> |
|          | IF <b>YES</b> , please specify:  |            |           |
| <b>3</b> | Does your child have any life-threatening allergies? (e.g., peanut, bee, penicillin...)  | <b>YES</b> | <b>NO</b> |
|          | IF <b>YES</b> , please specify:  |            |           |
| <b>4</b> | Does your child have any allergies, not considered life-threatening? (e.g., sunscreen, pollen, grass...)   | <b>YES</b> | <b>NO</b> |
|          | IF <b>YES</b> , please specify:  |            |           |
| <b>5</b> | <b>Does the participant have any food sensitivities?</b> (e.g., lactose, gluten, egg...)   | <b>YES</b> | <b>NO</b> |
|          | IF <b>YES</b> , please specify:  |            |           |

### MEDICAL CONSENT

I, \_\_\_\_\_, as the legal parent/guardian of a minor child, \_\_\_\_\_, authorize the Alamogordo Family Recreation Staff, City of Alamogordo, New Mexico, to consent on my behalf to any examination, anesthetic, medical or surgical diagnosis and treatment as well as any hospital care which he/she determines, on the advice of any physician or surgeon licensed to practice in the State of New Mexico, should be rendered to my minor child in the event of any illness or injury resulting from my minor child's participation in the Alamogordo Family Recreation Center activities.

### GENERAL RELEASE/AUTHORIZATION

#### LIABILITY RELEASE

I hereby request permission from the City of Alamogordo for \_\_\_\_\_ (child's name) to be allowed to participate in the City-sponsored Youth Activities Programs. I understand and agree that the program may involve a certain amount of physical danger and strenuous activity.

I affirm that I am the actual parent or legal guardian of the participant and am authorized to grant the release contained in this agreement. I agree to indemnify, release, and hold harmless the City of Alamogordo, its officials, employees, and agents from any and all damage and harm from all action, damages, claims, or demands of any kind which participant, his or her heirs, executors, and assigns may have as a result of being permitted to participate in this City sponsored activity.

#### FIELD TRIP RELEASE

I will also allow the above-named child to accompany the Alamogordo Family Recreation Center on program-related field trips and events. I am aware that children are transported on AFRC vans driven by AFRC staff. I am aware that I will be informed of these field trips on a weekly basis.

I have read this release and understand its terms. I execute it voluntarily and understand that, in exchange for the participant being allowed to participate, I am waiving certain rights that the participant and-or I may have.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_