



Extended Day Registration Form

CHILD'S 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/Cell Phone # _____
- 2) NAME _____ Relationship to child _____
Home Phone # _____ Work/Cell Phone # _____
- 3) NAME _____ Relationship to child _____
Home Phone # _____ Work/Cell Phone # _____
- 4) NAME _____ Relationship to child _____
Home Phone # _____ Work/Cell Phone # _____

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 to 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 cause by a negligent acts (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. PARA does not discriminate based on disability in the admission/enrollment or access to our program. However, if an individual poses a threat to the health or safety of others or would cause us to fundamentally alter our program, we would have to determine whether reasonable accommodations could be made to integrate the individual into our program. 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. I also give permission for my child to jump on the Moon Walk. 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.

Parent/Guardian/Signature _____ **Date** _____

For Office Use Only: Rec. # _____ **Date** _____