

Arlington Golf

Program Participant Information

Welcome to our program – we are happy you are here! Please complete the following information.

Program _____ Email Address _____

Participant's Name _____ Birthdate _____ ☐M ☐F

Address _____ City _____ Zip _____

Home Phone _____ School Attended _____

Parent's Name _____ Work Number _____

Parent's Name _____ Work Number _____

Emergency Contact _____ Phone Number _____

Sign Out Release: (Approval for alternate person to sign the participant in/out)

☐

I do hereby signify by my initials that I give my permission for the participant to be released to the persons listed below:

Name	Relationship to participant	Driver's license #
------	-----------------------------	--------------------

Name	Relationship to participant	Driver's license #
------	-----------------------------	--------------------

☐

I do hereby signify by my initials that I DO NOT give my permission for the participant to be released to the persons listed below:

Name	Relationship to participant	Driver's license #
------	-----------------------------	--------------------

Medical Information

Doctor's name _____ Phone Number _____

Insurance company _____ Policy Number _____

Is the participant allergic to any medication? ☐Yes ☐No *If yes please list:* _____

List allergies: _____

Does the participant have any special problems or needs? ☐Yes ☐No

If yes, please attach a statement describing the needs.

Will the participant need to take medication while attending the center or center activities? ☐Yes ☐No
If yes, please complete the following information. Medication: (type, dosage, and time taken)

Medication Waiver

All medication must be in proper prescription bottles with instructions for the administration of the medicine on the label. The medication sent to the center must contain only the daily dosage. Staff is not permitted to accept any larger doses. If there are any changes in the dosage, time frequency, or administration of the medication, it is the parent's/guardian's responsibility to inform the staff in writing.

The undersigned does hereby acknowledge that the instructions on the pharmaceutical container are accurate, and agrees to allow the City of Arlington's staff to assist, if necessary, in the administration of the medication to their child, and waive any claim against the City of Arlington or its staff.

☐

I do hereby signify by my initials that I give permission for the participant _____
to be transported by City of Arlington staff to scheduled off-site program trips.

Photo Release:

☐

I do hereby signify by my initials that I understand photographs taken during Parks and Recreation programs may be used by the City of Arlington Parks and Recreation Department for promotion of classes and events.

AUTHORIZATION AND RELEASE FORM

KNOW ALL BY THESE PRESENTS:

By signing below as "RELEASOR", and in consideration of the privilege of participating in any City of Arlington Parks Department ("CITY") activity or in consideration of renting or using any CITY personal, real, or any other property, I do for myself and my minor child or children, my heirs, executors, representatives, administrators, and assigns, hereby release, indemnify, defend and hold harmless CITY and all of its officers, officials, agents, employees and invitees, in both their public and private capacities, from and against any and all liability, claims, suits, losses, damages and causes of action, including all expenses of litigation and/or settlement for death, injury to, or debt of any person, or of loss of, damage to, or loss of use of any property arising out of or in connection with the above described rental or CITY activity. Such indemnity shall apply whether the claims, suits, losses, damages, causes of action or liability, arise in whole or in part from the consequences of CITY'S own negligence where that negligence is a concurring cause of injury, death, or damage. CITY is responsible for its own sole negligence provided, however, CITY is not responsible for a good faith action or inaction to render assistance in the event of property damage or personal injury.

RELEASOR understands that this waiver of liability and indemnification is intended to be as broad as possible and as inclusive as permitted by the laws of the State of Texas and that if any portions is held invalid, then the balance shall continue in full legal force and effect. It is further understood that execution of this waiver of liability and indemnification will not constitute a waiver by CITY of the defense of governmental immunity, where applicable, or any other lawful defense. RELEASOR signs this waiver and indemnification voluntarily and with full knowledge of its meaning and significance.

List Minor Children

Signature of Participant/Parent/Guardian

Date

The undersigned does hereby acknowledge to have read and understand all the information contained on this document, and to have approved all releases, permits and waivers contained herein.

Signature of Participant/Parent/Guardian

Date