



## Tyler Parks and Recreation Department

### Glass Summer Camp Registration Form

Participant Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_  
(Please print) (Please print)

Address, City State Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

M or F: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Grade Level: \_\_\_\_\_ School: \_\_\_\_\_

#### Emergency Contact

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Physician: \_\_\_\_\_ Med Group: \_\_\_\_\_ Phone #: \_\_\_\_\_

#### List of people authorize to pick up your child:

Name/Relationship: \_\_\_\_\_ Name/Relationship: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Name/Relationship: \_\_\_\_\_

#### List allergies and medical conditions:

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### AGREEMENT, WAIVER AND RELEASE FOR MINOR

In consideration for being permitted by the City of Tyler Parks and Recreation Department to participate in the Glass Summer Camp Activities, I the UNDERSIGNED, certify that I have custody or am legal guardian of said minor by court order, and I agree to be bound by the following.

- 1. Participation in Program:** The Glass Summer Camp provides a variety of activities for children including, but not limited to, contact sports, playing on playground equipment, arts and crafts, social activities, active games, and quiet games. Some hazards associated with these activities include but not limited to, injuries associated with contact sports and injuries associated with playing on playground equipment, sun burns heat exhaustion, insect bites, bee stings, and minor injuries associated with using scissors, game equipment and various other supplies and materials. Ages for the program are: 6 to 12 years! Glass Summer Camp fees are \$200 per child.
- 2. Condition of Program:** I understand that the above-mentioned programs are not childcare but are considered by the State of Texas to be drop-in Recreational programming whereby parents must be clearly informed that children are not there to receive structured care and supervision. Children have the right to come and go from the facility and staff will not supervise them to prevent them from leaving.
- 3. Medical Attention:** I hereby give my consent that in the event said minor should require medical treatment while under the supervision of said department's personnel in connection with the described activity, such supervisor may authorize treatment. I also agree to pay all medical,

hospital or other expenses which said minor may incur as a result.

4. **Waiver, Release and Indemnification:** I hereby waive, release and discharge any and all claims in advance against the above department (its officers, employees and agents) from and against any and all liability arising out of or connected in any way with said minor's participation in said activity, even though that liability may arise out of negligence or carelessness on the part of said department (its officers, employees or agents) for damage for personal injury, death or property damage which I or said minor may have or which may hereafter accrue as a result of participation in said activity. It is understood and agreed that this waiver, release, and assumption of risks is to be binding on the heirs on the heirs and assigns of said minor and the undersigned. I further agree to reimburse or make good any loss or damage or cost that the above department (its officers, employees, or agents) may have to pay if any litigation arises on account of any claim made by said minor or by anyone on behalf of said minor.
5. **Promotion:** I hereby give consent to the said department to photograph said minor. I understand the picture may be included in program scrapbook, and/or in the promotion of Tyler Parks and Recreation Department Glass Summer Camp in the newspaper, slide shows or other media

**I have carefully read this Waiver or Liability, Medical Release and Indemnification Agreement and fully understand its contents. I am aware that this is a release of Liability and a contract between myself and the above department and I sign it of my Free Will**

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

Witness:

**(This program is not licensed by the State of Texas)**