



EDINBURG PARKS & RECREATION
2019 Summer Membership Program Application

Table with 2 columns: Fees, Youth: Ages 6-12, Edinburg Wellness Center, June 3, 2019 - August 23, 2019, \$100.00

First Name: Middle: Last:

Address: City: Zip:

Male or Female: D.O.B.: Age: Birth Certificate Verified By:

Home #: Work #: Other#:

How did you hear about us:

Emergency Contact #: Name/Relationship:

Authorized Pick Up Person 1: Phone #:

Authorized Pick Up Person 2: Phone #:

Do you have a medical/health condition? Yes/No

If yes, please explain

PARENTAL AND ADULT PARTICIPATION AUTHORIZATION

I, parent, guardian of the above named; or adult participant, hereby give approval for participation in any and all activities during the current season. I assume all risks and hazards incidental to such participation and do hereby waive, release, absolve, indemnify and agree to hold harmless the City of Edinburg, the organizers, supervisors, and participants from any claim arising out of any injury to the participant.

I also grant permission to managing personnel or other representatives to authorize and obtain medical care from any licensed physician, hospital, or medical clinic should participant become ill or injured while participating in activities away from home, or at any other times when neither parent is available to grant authorization for emergency treatment.

I will furnish a certified birth certificate of the above named upon request by administrators or supervisors.

I hereby certify that I have read and agree with the rules and regulations of the Edinburg Sports & Wellness Center.

Initial

The City of Edinburg Parks & Recreation Department does not discriminate based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity.

Parent or Guardian Signature/Relationship

Date

Print Name

OFFICE USE ONLY

Table with 5 columns: Date Received, Receipt #, Cash/Check #, Membership #, Staff

PLEASE FILL OUT BACK SIDE

EXPECTATIONS OF CONDUCT

Please read the following and sign indicating agreement

_____ I hereby give permission for my child (or ward) to become a member of the Edinburg Parks and Recreation Department and to participate in all programs and activities offered by this Department. I understand that the Center is **NOT** regulated as a licensed daycare by the State of Texas and that an open campus policy is in effect at all times. I further understand that the Center is NOT responsible for the time or manner in which my child (or ward) may arrive at or leave the facility.

_____ I understand and agree that the Center ***does not refund*** memberships and that my child (or ward) must obey all standards of conduct, furthermore I understand that my child (or ward) may be suspended from the Center without monetary refund.

_____ I understand and agree that my child (or ward) must be picked up before closing time (5:30 p.m.) or a fee will be charged that must be paid in full before my child (or ward) can return to the Center. The charge for late pick-up is \$15.00 per hour or partial hour. Late fee is charged after 5:45 p.m. using Program clock. **On the 3rd Late Fee, I understand that my child (or ward) will be suspended from the Program without monetary refund.** If the child is not picked up by 6:00 p.m., I understand that my child (or ward) will be taken to Edinburg Police Department, as per City procedures.

_____ I understand and agree that the Center cannot and will not administer prescription or over the counter medication of any kind to my child (or ward).

_____ In the event of an emergency I authorize the Center staff to secure medical treatment for my child (or ward) and that I, as the legal guardian, will assume any and all responsibility for paying medical expenses associated with such treatment.

_____ I understand and agree that the Center is not responsible or legally liable for any personal property losses or for any bodily injuries incurred and suffered by the applicant or any Center property or in connection with any activities at any of its facilities or while engaged in any activities away from the Center.

_____ I understand and agree that the Center does not provide medical insurance for my child (or ward).

_____ I give consent for child's (ward's) picture or any reproduction thereof (while he/she is engaged in Center-related activities) to be used for publicity or advertising purposes. I give permission for the Center to use my child's (ward's) name or any fictitious one for publicity or advertising purposes.

_____ If your child is enrolled in another program or camp (such as swimming, tennis, dance, karate etc,) it is the responsibility of the parent to ensure that their child is at the appropriate location on time. We do not escort children to or from the program facilities. While in the program and a member, your children must dress appropriately (ECISD regulations). Swimsuits and or wet clothes are not allowed in the premise.

_____ For safety reasons, your child(ren) must wear ***comfortable shoes*** (tennis, running, hi-tops) that allow them to run, jump, and participate in the various activities we offer. Sandals and other open toe footwear are not permitted on the premises. "Heelies" are not allowed in the program; the wheels will be removed until the end of the day.

_____ Electronic games and toys are not allowed. This includes items such as but not limited to: Sony PSP, MP3 players, Nintendo DS, Gameboys, tablets, cell phones, stuffed animals, sports balls and action figures, among others. Should your child continue to bring such items, they will be confiscated and return only to the parents. We are not responsible for lost, stolen or damaged items.

_____ I understand and agree that all movies shown at this facility will be rated PG or G. No Pirated Movies or materials will be allowed at the Center.

_____ I understand that submission of inaccurate and/or incomplete information about medical/health conditions may result in dismissal from the program.

_____ I understand and agree with the Parks and Recreation Summer Membership Program Parent Handbook.

The undersigned represents that he/she is the parent and/or legal guardian of the minor named below, and represents that he/she has the legal authority to execute this consent and release. If the child/ applicant are signing for him or herself, the undersigned warrants that he/she has reached the age of legal majority according to the State of Texas.

Signature of Parent or Guardian _____

Date _____