

Office Use Only		
MAC	CIT	City 1, 2
WINTER	SPEC. EVENT	DCPS
SPRING	Resident	RR
SUMMER	NonResident	4C
SPECIAL PROGRAMS		



Office Use Only-USE			
AM	1	4	7
PM	2	5	8
Both	3	6	9

Registration & Permissions Form

1st CHILD Name _____ Date of Birth ____/____/____
M ____ **F** ____ Last First Middle Initial

2nd CHILD Name _____ Date of Birth ____/____/____
M ____ **F** ____ Last First Middle Initial

Using services: AM PM AM/PM PRIME-TIME SPECIAL

Initial in box if authorized to sign-in/out child(ren). Be prepared to provide custody documents in support of information provided below. Indicate below **Legal Guardian Name(s)/Relationship** if other than Mother/Father:

MOTHER _____ Street Address: _____

Home Phone() _____ Pager/cell() _____ City, State, Zip _____

MOTHER's Place of Employment _____ Phone () _____

FATHER _____ Street Address: _____

Home Phone() _____ Pager/cell() _____ City, State, Zip _____

FATHER's Place of Employment _____ Phone () _____

Email Address (1) _____ (2) _____

Emergency Information & Field Trip Release (Initial each box, Fill In Each Line)

Allergies/Medications _____ Special Needs _____

Physician's Name _____ Physician's Phone () _____

I do hereby give consent for the child(ren) named above to participate in scheduled on-site experiences and off-site fieldtrips as part of this program. Further, I give my consent to the City of Maitland Parks & Recreation Department Youth Services Program, or its representative(s), to acquire emergency medical treatment for my child(ren) from competent medical personnel/facilities should that become necessary for any reason.

In order to expedite the care of my child(ren) named above, I give my permission for the appropriate medical personnel and staff to initiate treatment immediately upon arrival at the appropriate facility. I agree to be financially responsible for my child(ren)'s treatment. I also request that I (or the alternative emergency contact person listed) be notified of my child(ren)'s condition and admission as soon as possible.
 ALTERNATE CONTACT NAME: _____ PHONE NUMBER: _____

In case of minor accident or illness, I request that the Program Representative contact me. If I am unable to be reached, I request that one of the persons listed on this form be contacted to care for my child.

In the event of a life-threatening accident or illness, I understand that a Program Representative may contact 911 Services immediately. I agree to be financially responsible for my child(ren)'s care and treatment.

By my signature below, I do hereby state that I am the Parent or Legal Guardian of the child(ren) named on this form. Further, I do hereby consent and agree to all stipulations initialed above.

Parent or Legal Guardian's Signature: _____



Registration & Permissions Form

REGISTRATION AGREEMENTS & PERMISSIONS

ACTIVITIES PERMISSIONS/LIMITATIONS

Please list any activities in which your child is UNABLE to participate: _____

DEPARTURE/PICK-UP AUTHORIZATIONS

Authorization to Sign Out: Besides those designated on Page 1 of this form, the following people are authorized to sign my child(ren) out of the program: (ID is required)

1. NAME: _____ Phone() _____
2. NAME: _____ Phone() _____
3. NAME: _____ Phone() _____

MY child(ren) should (check one): () Wait to be picked up by me or an authorized person (noted above) **OR**

() Ride bike/walk home @ (ime) (sign below)

Code word or Secret PIN

(Initials) The Youth Services Program Staff have my permission to release my son/daughter to walk/bike home at the time noted above. By my signature below, I agree that I will not hold the City of Maitland, Youth Services Program Staff, or any agents thereof responsible for my child once he/she has been appropriately released from the Youth Services Program.

YOUTH SERVICES PROGRAM REGISTRATION AGREEMENT

(Initials) I understand that registration and enrollment for my child(ren) is confirmed, and space in the program will be reserved, once payment-in-full is made for all fees as specified in the Program Fee Schedule. Payments will be made to *the City of Maitland Parks and Recreation Department Youth Services Program*, due not later than the DUE DATE specified in the fee schedule provided in the Parent Manual; late fees will be applied to payments made after the date, as explained in the Parent Manual. Children may be denied access to services if payments become overdue. **Deposits, Registration and Participation fees are not pro-rated and are non-refundable.**

(Initials) **AGREEMENT:** By my signature below, I certify that I am the legal Parent/Guardian of the child(ren) registering and agree that I will not hold the City of Maitland, its Employees, the Parks & Recreation Advisory Board, or those who assist them, responsible for any injuries which may be incurred by my child(ren) in any or all activities of the Youth Services Program for which we are enrolling. I understand that the City of Maitland may not provide insurance for my child, and that I am financially responsible for all treatment or medical care of my child(ren). I understand that the City reserves the right to limit participation of any child for disciplinary reasons or non-payment of fees.

I, _____, have read, do understand and consent to the above agreements.
(Print Your Name)

Signature of Parent or Legal Guardian _____ Date _____

OUR PROMISE TO YOU . . .

We strive to provide the Youth of our Community a lifetime full of memorable experiences, through:

- A team of talented, experienced & enthusiastic Recreation Leaders
- Programs which develop children through Expressive, Active & Free Play
- Varied and dynamic activities engaging body, mind & community spirit
- The freedom to choose activities that children will love
- A safe, caring, entertaining and energetic environment
- Fun and exciting trips to local entertainment attractions

YOUR PROMISE TO US . . .

Support the Program and its Staff, as outlined in the Parent Manual, by:

- Upholding Youth Services Program policies & procedures
- Observing security sign-in/out & pick up policies
- Paying fees in accordance with the fee schedule & policies
- Supporting the guidelines for active play & behavior management
- Informing us immediately of any changes in contacts, permissions, or authorizations