

Once completed, please turn the form in at your local Community Center



### Participant Registration Form

**Participant Information: (Please print clearly)**

Participant Name: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ Home Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Parent Information:**

Mother's Name: \_\_\_\_\_ Wk#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Wk#: \_\_\_\_\_ Cell#: \_\_\_\_\_

**In case of emergency call:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**Medical Information:**

Name of Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Illness/Allergies: \_\_\_\_\_ Meds: \_\_\_\_\_

Special conditions/concerns: \_\_\_\_\_

**Designated person(s) to pick up child (besides parents) \*Photo ID required\***

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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\_\_\_\_ (initial) I give my child permission to walk/ride bike to and from the Recreation Facility.

\_\_\_\_ (initial) I give my child permission to ride SporTran and city vans for scheduled field trips.

\_\_\_\_ (initial) I give my child permission to be swim tested. Must pass Level II requirements in order to participate.

\_\_\_\_ (initial) I give the City of Shreveport permission to photograph my child for the purpose of publicizing events and/or programs.

**Release of Liability:**

By my signature below, I understand and comply with the registration information including discipline policy and SPAR Rules and Regulations and furthermore certify that the above information is correct. I also hereby, for the participant, waive and forever release any and all rights and claims for injuries and/or damages I may have against the City of Shreveport, SPAR and any of its employees.

Participant (or parent/legal guardian if under 18 years old): \_\_\_\_\_

Notary: \_\_\_\_\_ Date: \_\_\_\_\_

(Not necessary if participant or legal guardian signs in front of City employee)

-----FOR OFFICE USE ONLY-----

Facility Location: \_\_\_\_\_ Program Title: \_\_\_\_\_

Date of program: \_\_\_\_\_ Times: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_ Notes: \_\_\_\_\_