



GOODRICH YOUiversity
CLC PARTICIPANT INFORMATION FORM

Return Form to the CLC Office
with a \$10.00 Registration Fee
Cash or Check-payable to Lincoln Parks & Rec

Registration begins May 1st
Any early submissions will be
held until May 1st

CHILD'S FIRST AND LAST NAME: \_\_\_\_\_

CUSTODIAL & LEGAL GUARDIAN IS: [ ] Mother & Father [ ] Mother [ ] Father [ ] Other \_\_\_\_\_

T-Shirt Size

MOTHER/LEGAL GUARDIAN INFORMATION:

FIRST & LAST NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

FATHER/LEGAL GUARDIAN INFORMATION:

FIRST & LAST NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMERGENCY CONTACTS IN CASE OF EMERGENCY AND PARENT/GUARDIAN CANNOT BE REACHED:

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

HOME/CELL PHONE: \_\_\_\_\_ HOME/CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

AUTHORIZED ESCORTS OTHER THAN PARENT/GUARDIAN OR EMERGENCY CONTACTS:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

WE MUST BE NOTIFIED OF ANY CHANGES TO THE ABOVE LIST.

# GOODRICH CLC PARTICIPANT INFORMATION

**CHILD'S FIRST AND LAST NAME:** \_\_\_\_\_

Male  Female Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth \_\_\_\_\_

What is your Child's pick-up plan: (ex. Walk home, picked up) **Don't forget that we close at 5:30 p.m.**

Does your child have allergies? Food? Medication? Insect bites/stings?  NO  YES

If yes please explain:

Does your child have medical conditions such as asthma, diabetes, etc.?  NO  YES

If yes please explain:

## WAIVER and PERMISSION FORM

**CHILD'S FIRST AND LAST NAME:** \_\_\_\_\_

**PARENT/LEGAL GUARDIAN:** \_\_\_\_\_

**Please print**

By signing below I give permission for my child to participate in program activities. I understand that Parks and Recreation does not carry health and accident insurance for my child, and that I as guardian will be responsible in case of injury where bills are incurred.

I understand that my child may be dismissed for failure to follow rules, failure to follow general operating procedures of the program. As a parent/guardian, I will work as a partner with staff to ensure my child is successful in the program. The information I have listed is correct to the best of my knowledge and I will notify the program staff of any changes to the information in a timely manner.

**X** \_\_\_\_\_  
**SIGNATURE OF PARENT AND/OR GUARDIAN** **DATE**

### **Parent must indicate 'yes' or 'no' to the following:**

YES  NO I give my permission for Parks and Recreation staff to share and receive necessary information from all Parks and Recreation partners to assist with providing the best program experience for my child.

YES  NO In the event of any emergency, I authorize Lincoln Parks and Recreation and cooperating agencies/organizations to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment and any and all medical services rendered.

**X** \_\_\_\_\_  
**SIGNATURE OF PARENT AND/OR GUARDIAN** **DATE**

**RELEASE FORM**  
**PHOTOGRAPHS/RECORDED IMAGES/VOICES**

**GRANTED TO:** City of Lincoln

I, the undersigned, hereby authorize the City of Lincoln, including its assigns and agents, to use my name, statements, image, voice, videos, or likeness for the purpose of promotion or public information without obtaining further consent or without prior knowledge of such use. I understand that I am to receive no compensation of any kind as a result of any publication, recording, broadcast, rebroadcast or other non-broadcast uses thereof. I understand that the statements, image, voice, videos, or likeness may be altered as required for publication or distribution. I hereby release and hold harmless the City, its successors and assigns and its elected officials, directors, agents, officers, and employees for any violation of any personal or proprietary right or any other claims I may have in connection with such use.

City of Lincoln shall have ownership of resultant production using my image and shall have the exclusive right to make use of such production as stipulated below:

1. Availability for use in training;
2. Availability for use by the participants in a training course;
3. Availability for viewing in connection with the City of Lincoln;
4. Availability for use of Web pages and other Internet sites created or used by the City of Lincoln
5. Availability for use in promotional brochures, newsletters, and other publications of the City of Lincoln.

I have the full right and legal capacity to sign this consent and release. I have read this consent and release prior to signing it, and I understand its contents.

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

**X** \_\_\_\_\_  
**SIGNATURE OF PARENT AND/OR GUARDIAN** **DATE**