

# City of Pharr Parks & Recreation

## Pharr After-School Program Registration Form



*Please print & fill out completely:*

Parent or Guardian Name: \_\_\_\_\_

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

Home Phone : \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Participant Name: \_\_\_\_\_ M / F \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Shirt Size \_\_\_\_\_ Fall ✓ \_\_\_\_\_ Spring ✓ \_\_\_\_\_ Fee \_\_\_\_\_

Participant Name:	M / F	Age	Grade	Shirt Size	Fall ✓	Spring ✓	Fee

Pharr Elementary School Name: \_\_\_\_\_

Total Fees:

### PARENTAL RELEASE AND HOLD HARMLESS AGREEMENT

**I understand that my child shall abide by the rules of the Pharr Parks & Recreation Department. I, as a parent, pledge to demonstrate respect towards Parks & Recreation staff and encourage the rules that are in place. Those failing to do so will be dismissed from the program without a refund.**

I, parent, adult participant, or guardian of the above named, fully understand that participating in the Pharr Parks & Recreation Program may result in a serious injury or illness. Risks involved may include, twisting an ankle, pulled muscles, jammed fingers, and more serious injuries which may result from participating in any of the above mentioned programs. Although I fully appreciate those risks, I desire to participate without regard to consequences. 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 Pharr, any and all sponsors, or other individuals, firm or organization resulting in whole, or part, from participation in the Pharr Parks & Recreation Program, or the acts of omissions by any organization, firm, or individuals that may take place in connection with the Pharr Parks & Recreation Program. This waiver shall be binding on my heirs, legatees, administrators and assigns. Furthermore, I hereby grant full permission to any and all of the forgoing to use any photographs, video tapes, motion pictures, recordings, or any other records of this event for any legitimate purpose. 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 a participant become ill or injured while participating in activities away from home, or at any other moment when either parent is available to grant authorization for emergency treatment.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

**\* Before enrolling your child in this program, please understand:**

- This program is NOT a licensed babysitting/ daycare or tutoring program. This is a recreation program that is operated by Pharr Parks & Recreation employees to supervise and organize activities for your children.
- Only the designated individuals listed in your child's Pick-Up Form will be allowed to pick up your children. Photo ID may be asked upon pick-up.
- Students who fail to follow the program rules could lead to disciplinary action, including suspension and/or expulsion from the program, with no refund.

**FOR OFFICE USE ONLY**

Registration Fee Paid: \$ \_\_\_\_\_

Date Received: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Cash or Check #: \_\_\_\_\_

Credit Card Reference #: \_\_\_\_\_

Received by: \_\_\_\_\_



## COVID 19-Waiver and Release

COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. City of Pharr, Hidalgo County, and local health officials recommend Health Guidelines and Protocols to prevent the spread of COVID-19. Contracting COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Use of City of Pharr Parks and Recreation Department (“PPRD”) facilities or participation in PPRD programs could increase the risk of you or your child contracting COVID-19. PPRD and its staff undertakes every effort to keep our facility clean and disinfected; however as with any public facility, we cannot guarantee that you will be 100% safe from airborne illnesses such as COVID-19 or colds and flu while using PPRD facilities or participating in its programs.

I have read the above notice carefully and acknowledge receipt of a copy thereof. In consideration of the benefits received, I understand and appreciate the risks that are inherent in using PPRD facilities and/or participating in PPRD programs, and hereby assume all risks of illness, including death, that I may sustain while participating in or as a result of, or in any way growing out of the use of PPRD facilities and/or the participation in PPRD programs.

I hereby assert that my use and/or participation is voluntary and that I knowingly assume all such risks. I hereby agree that for the sole consideration of the City of Pharr allowing me to use PPRD facilities and/or participate in PPRD programs, I do hereby release and forever discharge the City of Pharr, and its officers, agents and employees of any and from all claims, demands, rights and causes of action of whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen illness, and the consequences thereof, resulting from or an any way connected to any use of PPRD facilities and/or participation in PPRD programs.

Signature of Parent/Guardian: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_

# City of Pharr Parks & Recreation

## *Pharr After-School Program*

### Student Pick-Up Form

\* This will be the only page provided to the Pharr Parks & Recreation Program Staff at the elementary school site. \*  
 If any changes need to be made, only the primary guardian who registered the student(s) will be able to make changes.

School Name: \_\_\_\_\_

School Year: 2021-2022

• Student Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_

• Student Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_

• Student Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_

• Student Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Please provide the following information for the individuals who are allowed to pick-up the student(s) listed above.  
 These individuals may also be called in the case of an emergency or if the on-site staff members cannot get a hold of parents.  
 A form of photo identification may be asked upon pick up to confirm identity.

Primary Guardian Name:	Phone Number(s):	Relationship:
Secondary Guardian Name:	Phone Number(s):	Relationship:
Name:	Phone Number(s):	Relationship:
Name:	Phone Number(s):	Relationship:
Name:	Phone Number(s):	Relationship:

Communication and having current information are important for the safety of the students in our program. Please list any important information (such as allergies, medical information, etc.) that the Program staff need to be aware of for any of the student(s) listed above.  
 \*School nurses are NOT available after-school hours\*

Parent/Guardian Name (Print): \_\_\_\_\_

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

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

Additional Space to provide information for the individuals who are allowed to pick-up the student(s) listed on the back of this page.  
These individuals may also be called in the case of an emergency or if the on-site staff members cannot get a hold of parents.  
A form of photo identification may be asked upon pick up to confirm identity.

Name:	Phone Number(s):	Relationship:
Name:	Phone Number(s):	Relationship:
Name:	Phone Number(s):	Relationship:
Name:	Phone Number(s):	Relationship:
Name:	Phone Number(s):	Relationship:
Name:	Phone Number(s):	Relationship:
Name:	Phone Number(s):	Relationship:
Name:	Phone Number(s):	Relationship:
Name:	Phone Number(s):	Relationship:

Additional Notes: