

## Summer Park Program Participant Registration/Release Form

What park will your child attend:

\_\_\_ Bonham \_\_\_ Haswell \_\_\_ Henderson \_\_\_ Tanglewood \_\_\_ Villa West

### Child's Information

First Name:	Last Name:	Middle Initial:
Date of Birth:	Age:	Grade:
Medical Conditions:	Allergies:	Routine Medication:

### Parent/Guardian Information

First Name:	Last Name:	Middle Initial:
Street Address:		Zip Code:
Daytime Phone:	Evening Phone:	Cell Phone:
Persons allowed to pick child up at camp:		Persons <b>NOT</b> allowed to pick child up at camp:

**Please fill out the following information. This information is required for the grant that is funding this program.**

What is your child's Ethnicity? (you <b>must</b> choose one)	
Hispanic or Latino ___	<b>NOT</b> Hispanic or Latino ___

### What is your child's Race: (you must choose one)

American Indian/Alaska Native ___	Asian ___	Black or African American ___	Native Hawaiian or Pacific Islander ___	White ___
American India/Alaska Native <b>&amp;</b> White ___	Asian <b>&amp;</b> White ___	American Indian/Alaska Native <b>&amp;</b> Black/African American ___	Black/African American <b>&amp;</b> White ___	Race combination not specified: _____

### Income Limits

**Please Circle the Number of Persons in the Household and Select the Appropriate Income for the Household Below that Number**

*(Ex: 1 Adult & 1 Child is a household of 2; 2 Adults & 1 Child is a household of 3; 1 Adult and 2 children is a household of 3; etc)*

		Number of Persons in Household						
		2	3	4	5	6	7	8
Income Level	\$14,000 or Less	\$15,750 or Less	\$17,450 or Less	\$18,850 or Less	\$20,250 or Less	\$21,650 or Less	\$23,050 or Less	
	\$14,001- \$23,300	\$15,751- \$26,200	\$17,451- \$29,100	\$18,851- \$31,450	\$20,251- \$33,800	\$21,651- \$36,100	\$23,051- \$38,450	
	\$23,301- \$37,250	\$26,201- \$41,900	\$29,101- \$46,550	\$31,451- \$50,300	\$33,801- \$54,000	\$36,101- \$57,750	\$38,451- \$61,450	
	\$37,251 or More	\$41,901 or More	\$46,551 or More	\$50,301 or More	\$54,001 or More	\$57,751 or More	\$61,451 or More	

**Is a Female the Head of the Household?**

Yes ___	No ___
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**Please Read, Sign, & Date the Release Statement on the Back of the this Form**

**RELEASE STATEMENT**

I, the undersigned, hereby agree to participate in the Bryan Parks and Recreation Department’s Summer Park Program. I certify that, to the best of my knowledge, I am/or testify that the minor fore-mentioned is: physically fit and able to engage in the programmed activities. I agree to allow my child/children to use the transportation provided for Summer Park Program by the City of Bryan or the Bryan Independent School District (BISD).

I acknowledge that participation in this program involves some risk of injury or death, and I assume these risks. I release and discharge the City of Bryan/BISD, its officers, employees and agents from any and all claims, demands, causes of action and suits or liabilities which might arise from such participation (including, but not limited to acts or omissions constituting negligence, attorney’s fees, medical and ambulance costs). I further agree that I will hold harmless, indemnify and defend the City of Bryan and its agents, officials and employees from any and all claims or causes of action for injuries or damages caused by the participant, whether in whole or in part, as a result of participation in this program.

I agree to indemnify and hold the City of Bryan/BISD and its employees harmless from any liability, loss, cost or expense that I may incur as a result of my child/children participating in any Summer Park Program activity. In case of an emergency, I give my permission for emergency medical treatment. This statement is also valid for any minors that I allow to participate. My signature acknowledges that I understand and agree to the above conditions.

I agree to release or waive any claim, which I may have or acquire individually or as a guardian for the participant because of the described program. I make these waivers and release’s to legally bind myself, the participant, my executor, heirs and assigns to the fullest extent now and in the future.

I am of lawful age and legally competent to sign this agreement for and in behalf of the participant. I understand the terms and have signed this document as my own free act.

To comply with requirements of funding sources this agency needs all clients to give us information on their income and family size in order to qualify for services. You must provide self-certification that the information you provide is true to the best of your knowledge. Additionally, if asked you will need to verify income and understand you may be asked to do this. All information is kept confidential for record keeping and reporting requirements. No information will be released without the written consent of the individual. To verify my family income, as required for the funding of the Summer Parks Program, I give permission to Bryan ISD School Nutrition Services to release free and reduced-price meal eligibility information for my family to the City of Bryan. I understand that this information is used only for record keeping and reporting requirements of this program. No information will be released without my written consent. “I certify that all information provided on this form is true to the best of my knowledge. I also understand that if asked I will provide verification of income.”

**I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS RELEASE BY READING IT BEFORE I SIGNED IT.**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Full Printed Name**

\_\_\_\_\_  
**Date**