

Childcare Waiver



Childcare Waiver January – December 2018

Parent/Guardian Information

Primary

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip _____

Birthdate _____

Home Phone _____ Cell Phone _____

Alternative Phone _____ Email Address _____

Secondary

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip _____

Birthdate _____

Home Phone _____ Cell Phone _____

Alternative Phone _____ Email Address _____

Child's Information

1. First Name _____ Last Name _____

Birthdate _____ Gender (Circle) M or F

2. First Name _____ Last Name _____

Birthdate _____ Gender (Circle) M or F

3. First Name _____ Last Name _____

Birthdate _____ Gender (Circle) M or F

Additional Information

Do any of the children listed have any medical conditions or take any medications we need to know about?
(add additional sheet if needed)

(Circle) Yes or No _____

Do any of the children listed have any special needs or require accommodations? (add additional sheet if needed)

(Circle) Yes or No _____

Staff Initials _____ Date _____

Childcare Waiver

Emergency Contact Information

If parent/guardian cannot be reached

Name _____ Relationship _____

Phone _____ Alternative Phone _____

Name _____ Relationship _____

Phone _____ Alternative Phone _____

Optional Authorized Drop-Off/Pick-Up

Non parent/guardian use of Childcare Room must purchase a Day Pass or Punch Card.

Name _____ Driver's License # _____

Name _____ Driver's License # _____

I UNDERSTAND THE CHILDCARE RULES, REGULATIONS, AND THAT THE ACTIVITIES/PROGRAMS HELD WITHIN THE PARKS AND RECREATION DEPARTMENT MAY INCLUDE PHYSICAL ACTIVITY AND EXERCISE WITH THE POSSIBILITY OF PHYSICAL CONTACT AND BODILY INJURY TO MYSELF OR MY CHILDREN OR WARD (IF ANY) LISTED ABOVE, AND THAT THE PARKS AND RECREATION DEPARTMENT AND ITS STAFF AND THE CITY OF WYLIE (THE CITY), ARE NOT UNDERTAKING RESPONSIBILITY TO OVERSEE ACTIVITIES THAT ARE FREE FROM THE RISK OF INJURY, LOSS OR DAMAGE TO PERSON OR PROPERTY, AND I HEREBY ASSUME ALL OF SAID RISKS FOR MYSELF AND MY CHILDREN.

IN CONSIDERATION OF THE USE AND AVAILABILITY OF THE SERVICES AND FACILITIES, BY ME AND THE ABOVE LISTED CHILDREN AND WARDS IF ANY, I HEREBY AGREE TO RELEASE, RELIEVE, HOLD HARMLESS, AND INDEMNIFY THE CITY, THE CENTER, AND THEIR RESPECTIVE OFFICERS, AGENTS, INSTRUCTORS, AND EMPLOYEES FROM ALL LIABILITY AND CLAIMS ARISING OUT OF ANY ACCIDENT OR INJURY SUFFERED OR INCURRED BY ME OR SAID CHILDREN OR WARDS WHILE ENROLLED IN ANY CLASS OR PROGRAM SPONSORED, ORGANIZED OR SUPERVISED BY THE CENTER OR THE CITY, EXCEPT FOR ACTS OF GROSS NEGLIGENCE OR INTENTIONAL ACTS OF THE SAID OFFICERS, AGENTS, INSTRUCTORS, AND EMPLOYEES.

FURTHER, IN CASE OF ACCIDENT, INJURY OR SUDDEN ILLNESS, I AUTHORIZE ANY FIRST-AID OR EMERGENCY MEDICAL CARE WHICH MAY BECOME NECESSARY FOR MY CHILD, WARD OR MYSELF WHILE ENROLLED IN ANY ACTIVITY OR PROGRAM ADMINISTERED BY THE CITY. I ALSO AUTHORIZE THAT MY CHILD, WARD OR I MAY BE TRANSPORTED TO A LOCAL MEDICAL FACILITY. IF I CANNOT BE REACHED IN AN EMERGENCY, I HEREBY GRANT PERMISSION FOR MY CHILD OR WARD NAMED ABOVE TO RECEIVE ALL APPROPRIATE MEDICAL TREATMENT NECESSARY. BY EXECUTING THIS DOCUMENT, I HEREBY ASSUME, ON BEHALF OF MY CHILD OR WARD, ALL RISK OF INJURY OR LOSS TO WHICH HE OR SHE MAY BE EXPOSED.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Relationship of Parent/Guardian to Participant

Date

Staff Initials _____ Date _____