



All information below is required. Please be sure to fill out all areas completely.

Program Name: _____ Location: _____

Child's Name (First and Last)		Date of Birth
_____		OM OF

Child's Name (First and Last)		Date of Birth
_____		OM OF

Child's Name (First and Last)		Date of Birth
_____		OM OF

Child's Name (First and Last)		Date of Birth
_____		OM OF

Address	City, State, Zip
_____	_____

Parent/Guardian's Name (First and Last)	Email
_____	_____

Home Phone	Cell Phone	Work Phone
_____	_____	_____

Parent/Guardian's Name (First and Last)	Email
_____	_____

Home Phone	Cell Phone	Work Phone
_____	_____	_____

Emergency call list and pick-up authorization.

Full Name	Relationship to child	Phone Number(s)
_____	_____	_____

Full Name	Relationship to child	Phone Number(s)
_____	_____	_____

Full Name	Relationship to child	Phone Number(s)
_____	_____	_____

Full Name	Relationship to child	Phone Number(s)
_____	_____	_____

Medical Information. Please list any allergies, medical conditions, special needs or additional information your child (ren) have. If more space is required please continue on the back of page 2. **SPECIAL NOTE:** If medication is to be distributed, additional paperwork will be required. *Additional paperwork: OYes ONo*

Child's Name (First and Last) Medical Information

Child's Name (First and Last) Medical Information

Child's Name (First and Last) Medical Information

Child's Name (First and Last) Medical Information

INSURANCE CARRIER INFORMATION

Company, Policy# and Group#

Family Physician Phone Number

Physician Address Preferred Hospital

Image Release: In consideration of my minor child (ren)/ward being allowed to participate in the City of Pensacola Youth Program, related events and activities, the undersigned agrees that such participant's likeness may be photographed or videotaped and that such images may be published in an outlet used to promote or publicize that program.

Hold Harmless Agreement: I, as a parent or guardian and on behalf of my child (ren), acknowledge that I am releasing the City of Pensacola, its agents and employees, from any and all liability, either individual, joint or several, which they may incur as a result of any act or acts of negligence, contributory negligence, or comparative negligence, engaged in by them which causes, either directly or indirectly, any injury, sickness or illness of any kind, to my child. I further agree that I will hold the City of Pensacola, its agents and employees, harmless from any liability, payment of damages, and attorney's fees, and will indemnify the City, its agents and employees in the event that the payment of damages, costs and attorney's fees is incurred by the City, arising out of or pertaining to in any way the negligence, contributory negligence of an employee or agent of the City of Pensacola, or of the City of Pensacola itself.

Payment Policy: Payments for all programs must be made in full prior to the first day of the program. Accepted forms of payment include: check, cash, credit card, money order, or cashier's check. Payments are late after the 2nd day of the program and a \$10 late fee will be assessed. If payment has not be received within 10 days your child will no longer be accepted into the program.

For all cancellations of program services, a \$25-\$50 administrative fee will be assessed, depending on the program.

