



**THIS FORM IS ONLY TEMPORARY. COMPLETION OF ePACT REGISTRATION IS DUE BY 12:00PM ON THE DAY OF DROP OFF. PLEASE CHECK YOUR EMAIL FOR REGISTRATION INFORMATION. CONTACT YOUR REC CENTER FOR QUESTIONS.**

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ 4-Digit Code: \_\_\_\_\_ (FOR PICK UP VERIFICATION)

List any known ALLERGIES: \_\_\_\_\_

Treatment for allergic reaction: \_\_\_\_\_

Health history/Disorders: \_\_\_\_\_

Medication needed: \_\_\_\_\_

Swimming may be a scheduled activity planned during the Arlington Parks and Recreation seasonal camps.

Please indicate the child's comfort level swimming by checking the appropriate box (may not be applicable for all programs):

- ☐ Not comfortable in water
- ☐ Comfortable wading but not swimming
- ☐ Comfortable swimming in shallow water
- ☐ Comfortable swimming in deep water

The City of Arlington will conduct a swim test during each camp visit to the pool. Campers, ages 6 and over, who desire to swim in the indicated deep areas of the pool, must take, and pass the test conducted by certified lifeguards. All 5-year-old campers are required to wear a Personal Floatation Device (PFD) while participating in swim time regardless of indicated swimming ability. The PFD will be provided by the City of Arlington.

Please indicate if you want your child to wear a PFD while swimming regardless of age.

- ☐ Yes – my child must wear a PFD while swimming
- ☐ No – my child is over the age of 6 and is not required to wear a PFD while swimming

Parent/Guardian Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

**Participant Information Form (Temporary)**



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**AUTHORIZATION AND RELEASE FORM:**

**WATER ACTIVITIES:** (required for participation) I hereby give consent for my child to participate in water activities that might be offered by the City of Arlington. I have provided my child's swimming comfort level and understand that the City of Arlington will conduct a swim test during each camp visit to the pool. Campers, ages 6+, who desire to swim in all depths of the pool, must take and pass the test conducted by the certified lifeguards. All 5-year-old campers are required to wear a Personal Floatation Device (PFD) while participating in swim time regardless of indicated swimming ability. The PFD will be provided by the City of Arlington.

**KNOW ALL BY THESE PRESENTS:**

By signing below as "RELEASOR", and in consideration of the privilege of participating in any City of Arlington Parks & Recreation Department ("CITY") activity or in consideration of renting or using any CITY personal, real, or any other property, I do for myself and my minor child or children, my heirs, executors, representatives, administrators, and assigns, hereby release, indemnify, defend and hold harmless CITY and all of its officers, officials, agents, employees and invitees, in both their public and private capacities, from and against any and all liability, claims, suits, losses, damages and causes of action, including all expenses of litigation and/or settlement for death, injury to, or debt of any person, or of loss of, damage to, or loss of use of any property arising out of or in connection with the above described rental or CITY activity. Such indemnity shall apply whether the claims, suits, losses, damages, causes of action or liability, arise in whole or in part from the consequences of CITY'S own negligence where that negligence is a concurring cause of injury, death, or damage.

RELEASOR understands that this waiver of liability and indemnification is intended to be as broad as possible and as inclusive as permitted by the laws of the State of Texas and that if any portions are held invalid, then the balance shall continue in full legal force and effect. It is further understood that execution of this waiver of liability and indemnification will not constitute a waiver by CITY of the defense of governmental immunity, where applicable, or any other lawful defense. RELEASOR signs this waiver and indemnification voluntarily and with full knowledge of its meaning and significance.

**I HAVE READ THIS RELEASE**

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

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_