

**CITY OF SPARKS PARKS AND RECREATION DEPARTMENT
Identification and Emergency Information**

(To be completed by both parents and/or guardian. Changes allowed by below signed only. Please make changes to the form in person.)

CHILD'S Name: _____ Grade/
School Yr. _____ **Sex:** _____ **DOB:** _____ **Age:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____

SCHOOL: _____

FATHER/GUARDIAN: _____ **MOTHER/GUARDIAN:** _____

Address: _____ **Address:** _____

City/State/Zip: _____ **City/State/Zip:** _____

Email: _____ **Email:** _____

Home: _____ **Work:** _____ **Home:** _____ **Work:** _____

Cell: _____ **Cell Provider:** _____ **Cell:** _____ **Cell Provider:** _____

DOB: _____ **Household ID #:** _____ **DOB:** _____ **Household ID #:** _____
(For Office Use Only) (For Office Use Only)

I would like to receive text updates (e.g. emergencies, program changes, reminders, etc.) from the City of Sparks.

PERSONS WHO MAY BE CALLED IN AN EMERGENCY AND AUTHORIZED TO TAKE CHILD FROM THE FACILITY. LIST IN ORDER TO BE CALLED, INCLUDING PARENTS. A PICTURE I.D. REQUIRED.

| Name | Address | Day Phone | Cell Phone | Relationship |
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HOSPITAL: _____

SPECIAL NEEDS (to include allergies, medications, emotional or physical challenges, etc.) This information is vital in order for us to provide the best possible recreational experience for your child. If you need a reasonable accommodation, please inform staff at least five (5) days prior to the program/class start date. _____

Can your child swim? Yes No If yes, at what level? Beg Adv Beg Intermediate

My child has permission to watch a PG-rated movie. Yes No

I, the undersigned certify that I am the custodial parent/guardian for the above named participant. I agree to hold the City of Sparks, the City's agents and employees, and the directors of this program harmless from any and all suits, claims, damages, losses, expenses or demands of every kind and character, including attorneys' fees, arising out of and in connection with the City's programs and services provided by or on behalf of the Parks and Recreation Department. I further certify that the participant has no ailment or organic defect that would make participation in the activity dangerous to the health of the participant. I acknowledge that my child may be transported in city vehicles when a bus is not available. I have read, understand, and acknowledge receipt of the program rules and the parent manual and agree to abide by the terms of the rules and manual. **I further understand that my child must be paid for prior to the start of any program or he/she may be subject to removal.**

1. _____
Signature (parent/guardian) Date

2. _____
Signature (parent/guardian) Date

Print Name

Print Name