City of Goodyear Recreation Division

Summer 2013 Drop-In Recreation Program-Registration and Emergency Form

3075 N. Litchfield Road, Goodyear, AZ 85395

Participant's Name: _____ Sex: M F Birth Date: ____/____/____ Age: _____ Grade: _____

Address: _____ City: _____ Zip: _____

Home ☏: _____ Work ☏: _____ Cell ☏: _____

Primary Parent/Guardian Name: _____ Primary Parent/Guardian Birth Date: ____/____/____

E-✉: _____ Second Parent/Guardian Name_____

Work ☏: _____ Cell ☏: _____ E-✉: _____

PAYMENT: A check made payable to ***City of Goodyear***, money order, credit card (American Express Master Card / Visa) or exact cash is required. Enrollment fee is $190 for Residents or $215 for Non-Residents. Field Trip Bus Transportation Fee is $5.00 per trip. NOTE: Each destination's admission fee will be collected at a later date.

DATES & TIMES: 8:30AM-3:00PM, Monday-Thursdays only, 7 week program (begins 6/10/2013-ends 7/25/2013; CLOSED 7/4)

Here are a few key reminders about the program:

-Each child must bring a snack and sack lunch. There is neither refrigerator nor microwave on-site
-Only closed-toed shoes are allowed, preferably tennis shoes
-We do not allow personal items to be brought to the program.
- Please keep your child home if they show signs of illness.
-Please call Nick Valdivia at **623-882-7314** or email Nick.Valdivia@goodyearaz.gov to report any extended absence or if you need to reach the site. The program site cannot receive or place regular phone calls as the phone is for emergencies only.

IMPORTANT INFORMATION

SIGN IN/OUT PROCEDURES- Children may choose to sign themselves in/out at anytime during the program hours. **X_____ Parent/Guardian Initial.**

Parents who have concerns on this procedure may contact Nick Valdivia I directly to review ways to manage this process.

Please check ☑ the program you are registering for: (Limited to 80 participants)

☐**RESIDENTS** $190.00 ☐**NON-RESIDENTS** $215.00
☐**BUS FEE #1- SKY ZONE** **(save-a-seat)** $5.00
☐**BUS FEE #2- MATINEE GAME** **(save-a-seat)** $5.00

TOTAL FEES **$**_____

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety for my child **(print name)** _____ .

I acknowledge that the expense of this service will be solely incurred by me. **X_____ Parent/Guardian Initial.**

In case of injury or sudden illness (circle one: mother/ father/ authorized designee) will be called first, or, if I cannot be contacted to pick up my child, I hereby authorize and designate the following alternates (NON-PARENT) to pick up my child:

1st Contact:	***Phone:***	
Address:	***City:***	***State:***
2nd Contact:	***Phone***	
Address:	***City:***	***State:***

ASSUMPTION OF RISK & RELEASE OF ALL CLAIMS AND NOTICE

I/We hereby covenant to indemnify, defend and save harmless the City of Goodyear, its Mayor and Council, appointed board and commissions, officials, officers and employees, individually and collectively; from all losses, claims, suits, actions, payments, judgments, demands, expenses, attorney's fees; defense cost, or actions of any kind resulting from personal injury to any person, (including bodily injury and death) arisen out of negligent performance of the individual hereunder, except any injury or damages arising out of the sole negligence of the City, its officers, agents or employees.

I/we hereby authorize the City of Goodyear staff to obtain any needed medical assistance in case of an emergency, illness or accident. I understand that any resulting expenses or charges are my responsibility and I will pay them immediately, either directly or through personal insurance.

I/we understand that the City of Goodyear does not carry accident insurance for this program, and I will not hold the City of Goodyear responsible for accidents or injuries sustained in this program. Pursuant to state law, the City of Goodyear is not liable for injury or damages to program participants unless caused by willful, malicious or grossly negligent conduct. A.R.S. & 33-1551.

Parent/Guardian:**X**_____Date:_____

REGISTRATION CANNOT BE PROCESSED WITHOUT A PARENT/GUARDIAN SIGNATURE