

Please complete & sign front & back.



NORTH DOMINGO BACA MULTIGENERATIONAL CENTER YOUTH REGISTRATION FORM

UNDER 18 NO GYM USAGE

Application Date: \_\_\_\_\_ Renewal Date: \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_
Last First Middle

DOB \_\_\_\_\_ Last 4 Digits of Social Security \_\_\_\_\_ Age \_\_\_\_\_

Birth Place \_\_\_\_\_ Gender (M/F) \_\_\_\_\_ School child attends \_\_\_\_\_

Address: \_\_\_\_\_
Street Apt. City/State Zip Code

Child lives with: Mother \_\_\_ Father \_\_\_ Guardian \_\_\_ Other(specify) \_\_\_\_\_

Name Occupation/Business Address Business phone#

Name Occupation/Business Address Business phone#

In Case of Emergency, contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Primary Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Other Children enrolled in Program \_\_\_\_\_

Person(s) authorized to pick up your child from youth recreation program at North Domingo Baca Multigenerational Center:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please describe any special permission for your child's pick up and delivery at North Domingo Baca Mutigenerational Center (i.e., persons allowed to pick up the child besides parents/guardians or permission for your child to walk home).

\_\_\_\_\_
\_\_\_\_\_

DISCLAIMER

I understand that the City of Albuquerque is not responsible for children who walk to and from North Domingo Baca Multigenerational Center until they are signed in/out either by themselves or by a parent/guardian of the child, with recreation personnel. As parent/guardian, I assume responsibility for my child \_\_\_\_\_ before he/she signs in for the program and after he/she signs out.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

If the child is disabled or has received and/or is receiving special education services, please check the appropriate information to facilitate adequate recreational opportunities:

Vision       Hearing       Speech/Language       Physical Therapy       Learning disabilities  
 Behavioral Disorders       Physical disabilities       Other: \_\_\_\_\_

I DO  I DO NOT  need an accommodation because of disabilities to participate in this program. Are there activities your child cannot participate in due to physical, social or religious reasons? Please explain:

---

---

---

PERMISSION/LIABILITY RELEASE FORM

I am the parent or legal guardian of the child/ward named above and give my permission for him/her to participate in the program of North Domingo Baca Multigenerational Center. I hereby give my child/ward \_\_\_\_\_ permission to attend any in-town field trips to be conducted by the North Domingo Baca Multigenerational Center. I understand the group will leave and return in the recreation site within the specified program hours. I understand the types of risks involved in this activity. I also know that my child/ward may need appropriate clothing, supplies or a required fee to attend or participate in programs at North Domingo Baca. I hereby consent and agree to the following:

CONSENT OF TREATMENT

In the event that my child/ward should, for any reason, require any medical or surgical treatment and/or medication during the course of his/her attendance or participation in the programs of North Domingo Baca Multigenerational Center, I authorize such physicians or medical staff as the organizers of this activity may appoint or designate to carry out the necessary treatment, or to take my child/ward to the emergency room of the nearest hospital, and I further authorize the hospital and its medical staff to provide treatment deemed necessary by them for the wellbeing of my child/ward. It is understood, however, that if hospitalization or treatment of a more serious nature is required, I will be contacted, if at all possible, by telephone for permission.

MEDIA

I hereby grant the employees of the North Domingo Baca Multigenerational Center permission to record my child's/wards likeness for use by television, films, radio or printed media to further the aims of those activities and programs in related campaigns, magazine articles, booklets, posters, and in any other ways they may see fit. I hereby release them from any and all claims in its usage.

LIABILITY

I consent that I have taken such measures as I have deemed advisable to ascertain that my child's/ward's physical condition is suitable for the program (including a doctor's physical, if appropriate). I also confirm that my child/ward is covered by a medical insurance policy and that I will either pay any medical bills arising out of an injury suffered by my child/ward during the program or make a claim for our medical insurance to pay same and that neither I nor my child/ward will seek to hold the City of Albuquerque, North Domingo Baca Multigenerational Center programs nor the above entities (directors, employee, volunteers, and agents) liable for medical expenses. In consideration of the City of Albuquerque, allowing my child/ward to participate in the program, I hereby forever release, discharge and hold harmless the City of Albuquerque, staff and volunteers associated with North Domingo Baca Multigenerational Center from any and all claims, demands, damages, lawsuits, expenses or charges (of) whatsoever kind which may hereafter accrue or result from any injuries whatsoever, from our participation of our child's/ward's participation in the City of Albuquerque/North Domingo Baca Multigenerational Center's programs.

INFORMATION RELEASE

I give consent to my child's/ward's school district/agency to release to North Domingo Baca Multigenerational Center the following information concerning my child/ward: child's age, exceptionally/special needs and child's special restrictions/limitations. I understand that this information will only be used by North Domingo Baca Multigenerational Center staff to plan appropriate activities for Recreation Programs. This signature applies to all of the above:

---

Parent/Guardian Signature Date