



# Parks Recreation Program Child Registration

City of Borger Department of Recreation  
1210 Bulldog Boulevard, Borger, TX 79007  
Phone: (806) 273-0987 · Fax: (806) 273-0911  
[www.borgertx.gov](http://www.borgertx.gov)

Official Use Only:

# PR

**Last Initial:** \_\_\_\_\_

**Bus Color:** \_\_\_\_\_

## Child Information

*The program is open to all children residing within Hutchinson County. Bus transportation will only be provided to children living within the Borger City Limits. Children must be starting 1<sup>st</sup> grade or have just completed 7<sup>th</sup> grade to be eligible to participate in the Summer Park Rec Program. **Documentation must be submitted to prove eligibility (Report Card or Proof of School Enrollment).***

Name	D.O.B.	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Age
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## Parent/Guardian Information

Primary Parent/Guardian	Telephone	Cell Phone
Address	City	Work Phone
Email Address	Relationship to Child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other: _____	

Secondary Parent/Guardian	Telephone	Cell Phone
Address	City	Work Phone
Email Address	Relationship to Child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other: _____	

## Medical Information

Child's Doctor	Dr. Phone	Emergency Contact:
	City	Contact Phone:
Allergies, illnesses or other necessary information (Asthma, peanut allergy, bee stings, etc)		
Any additional special conditions or information:		

## Emergency Contact

Name:	Telephone	Cell Phone
Address	City	Work Phone
Email Address	Relationship to Child:	

Name:	Telephone	Cell Phone
Address	City	Work Phone
Email Address	Relationship to Child:	

## Optional Authorized Pick-Up

*Only pre-authorized individuals will be allowed to pick-up and check-out the listed child from the Park Recreation Summer Program.*

Name	Phone	DL #	DL State
Name	Phone	DL #	DL State
Name	Phone	DL #	DL State

### Photo Release

<input type="checkbox"/>	<i>I do hereby give my permission to use my child's name, photographic or video image and pre-approved quotes on the City of Borger's website, social media accounts and printed and published material to promote the City of Borger and the Summer Park and Recreation Program.</i>
<input type="checkbox"/>	<i>I do not give my permission to use my child's name, photographic or video image.</i>
Parent/Guardian Signature: _____	
Date: _____	

### Permission to Walk Home

<input type="checkbox"/>	<i>I <b>do</b> give my permission for my child, as listed on the reverse side of this form, to walk home from Huber Park.</i>
<input type="checkbox"/>	<i>I <b>do not</b> give my permission for my child, as listed on the reverse side of this form, to walk home from Huber Park.</i>
Parent/Guardian Signature: _____	
Date: _____	

### PARENT ACKNOWLEDGEMENT AND RELEASE

*I HAVE RECEIVED A COPY OF THE PARENTS HANDBOOK AND UNDERSTAND THAT I AND MY CHILD OR WARD WILL BE REQUIRED TO ABIDE BY THE RULES, REGULATIONS AND POLICIES CONTAINED WITHIN. I UNDERSTAND THAT THE ACTIVITIES/PROGRAMS HELD DURING THE PARKS RECREATION SUMMER PROGRAM MAY INCLUDE PHYSICAL ACTIVITY AND EXERCISE WITH THE POSSIBILITY OF PHYSICAL CONTACT AND BODILY INJURY TO MYSELF OR MY CHILD OR WARD LISTED ON THE REVERSE SIDE OF THIS FROM, AND THAT THE CITY OF BORGER (THE CITY) AND ITS STAFF ARE NOT UNDERTAKING RESPONSIBILITY TO OVERSEE ACTIVITIES THAT ARE FREE FROM THE RISK OF INJURY, LOSS OR DAMAGE TO PERSON OR PROPERTY, AND I HEREBY ASSUME ALL OF SAID RISKS FOR MYSELF AND MY CHILDREN.*

*IN CONSIDERATION OF THE USE AND AVAILABILITY OF THE SERVICES AND FACILITIES, BY ME AND THE CHILD OR WARD LISTED ON THE REVERSE SIDE OF THIS FORM, I HEREBY AGREE TO RELEASE, RELIEVE, HOLD HARMLESS AND INDEMNIFY THE CITY, THE CENTER AND FACILITIES AND THEIR RESPECTIVE OFFICERS, AGENTS, INSTRUCTORS AND EMPLOYEES FROM ALL LIABILITY AND CLAIMS ARISING OUT OF ANY ACCIDENT OR INJURY SUFFERED OR INCURRED BY ME OR SAID CHILDREN OR WARDS WHILE ENROLLED IN ANY PROGRAM SPONSORED, ORGANIZED OR SUPERVISED BY THE CITY, EXCEPT FOR ACTS OF GROSS NEGLIGENCE OR INTENTIONAL ACTS OF THE SAID OFFICERS, AGENTS, INSTRUCTORS AND EMPLOYEES.*

*FURTHER, IN CASE OF ACCIDENT, INJURY OR SUDDEN ILLNESS, I AUTHORIZE ANY FIRST-AID OR EMERGENCY MEDICAL CARE WHICH MAY BECOME NECESSARY FOR MY CHILD, WARD OR MYSELF WHILE ENROLLED IN ANY PROGRAM ADMINISTER BY THE CITY. I ALSO AUTHORIZE THAT MY CHILD, WARD OR I MAY BE TRANSPORTED TO A LOCAL MEDICAL FACILITY. IF I CANNOT BE REACHED IN AN EMERGENCY, I HEREBY GRANT PERMISSION FOR MY CHILD OR WARD LISTED ON THE REVERSE SIDE OF THIS FORM TO RECEIVE ALL APPROPRIATE MEDICAL TREATMENT NECESSARY, BY EXECUTING THIS DOCUMENT. I HEREBY ASSUME, ON BEHALF OF MY CHILD OR WARD, ALL RISK OF INJURY OR LOSS TO WHICH HE OR SHE MAY BE EXPOSED.*

Parent/Guardian Signature: _____	Date: _____
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