



Please Print Clearly – ONE form for each participant is required before participant may attend. Adult customers may have separate household accounts for registration & payment of same participants, however only ONE PARTICIPANT INFORMATION FORM will be accepted and kept on file for each participant. If Parent/Guardians cannot agree on the names that appear on this form then only parent/guardians will be able to pick up participants and be called in an emergency.

Child Name (Last) _____ (First) _____ (M.I.) _____

Address _____ City _____ State _____ Zip _____


Date of Birth ____/____/____ Age _____ Male Female Hair Color _____ Eye Color _____

Race/Ethnicity _____ Weight _____ School Child Attends _____ Grade _____

Does child ride the bus? Yes Bus # _____ No Swimming Ability Beginner Intermediate Advanced

Physician's Name _____ Phone _____ Hospital Preference _____

Medications/Allergies (please list) _____
 Staff will not administer or distribute any medication at any time.

 Access For All – Services are provided to people of all abilities. If you need a reasonable accommodation, please inform staff at registration at least five business days prior to the start date of the program/class. Each request will be assessed in compliance with the ADA. A supplemental information packet must be filled out and returned to the Inclusion Office (334-2262).

Does this person require assistance or special accommodation to participate? Yes No

Mother/Guardian Name _____ E-Mail Address _____

Work # _____ Home # _____ Cell # _____

Address _____ City _____ State _____ Zip _____

Employed by/or school attended _____ Hours of Employment: From _____ To _____

Father/Guardian Name _____ E-Mail Address _____

Work # _____ Home # _____ Cell # _____

Address _____ City _____ State _____ Zip _____

Employed by/or school attended _____ Hours of Employment: From _____ To _____

Step-parent Name _____ E-Mail Address _____

Work # _____ Home # _____ Cell # _____

Employed by/or school attended _____ Hours of Employment: From _____ To _____

Additional persons who may be called in an emergency and are authorized to take participant from facility (Picture ID required)

_____ Relationship _____ Phone _____

_____ Relationship _____ Phone _____

_____ Relationship _____ Phone _____

_____ Relationship _____ Phone _____

_____ Relationship _____ Phone _____

Check here if **custodial rights** have been terminated (Legal documentation is required)

I, the undersigned parent/legal guardian of child named above hereby give my permission to participate in field Trips/excursions sponsored by the City of Reno, with transportation to be provided by City of Reno staff.

I, the undersigned parent/legal guardian agree to make myself aware of the general rules, the payment and refund/credit policies and if needed, I will call the Youth/Senior Office (334-4280) for further explanation.

Participant/Guardian Signature _____ Date _____ (revised 5/10/17)