Irving Recreation Center
After School Membership Form
School Year 2013-2014

IRVING RECREATION CENTER IS *FUN*DAMENTAL TO YOUTH DEVELOPMENT

Visit us online at parks.lincoln.ne.gov/irving to learn all about our after school hours, activities, policies, and procedures.

Questions? Call 402-441-7954.

Why become an After School Member?

Get unlimited access to after school rec. center clubs, events, and special activities. Members are also eligible for discounted punch cards and passes. Need based scholarships are available for qualifying members. Parents of members receive monthly email newsletters and other program information.

AFTER SCHOOL FEES

Members:
Punch Card (20 days) - $28.00 (20% discount)
School Year Pass - $220.50 (30% discount*)
Daily - $1.75

Non-Members: $1.75/day

**Year pass discount calculated at 180 days*

Student Name:			**Date of Birth:**	**Grade:**
Parent/Guardian Name 1:	**Day Phone:**	**Evening Phone:**	**Cell Phone:**	**Date of Birth:***
Parent/Guardian Name 2:	**Day Phone:**	**Evening Phone:**	**Cell Phone:**	**Date of Birth:***

Date of birth is used to uniquely identify parents/guardians in our online registration, payment, and record keeping system.

Home Address:	**City:**	**Zip:**
Parent/Guardian Email Address: *Important information regarding this program is shared via email.*		
Non-Parent Emergency Contact:	**Relationship:**	**Phone:**

Waiver and Release of Claims

For and in consideration, the undersigned parent(s) or guardian(s) of the participant in the Lincoln Parks and Recreation program named above, I/we recognize and acknowledge that there are certain risks of physical injury that may sustain as a result of participating in any and all activities connected with or associated with the after school recreation program.

I/we do hereby declare that I/we waive all claims of whatsoever kind or nature against the City of Lincoln and the Parks and Recreation Department, its officers, agents, employees, volunteers and program affiliates from any and all claims arising form injuries, including death or loss which I/we or my minor child or ward may incur or may accrue to me or my minor child or ward on account of participation in the activities of this program.

I/we further agree to indemnify and hold harmless and defend the City of Lincoln and the Parks and Recreation Department, its officials, agents, employees, volunteers, and its program affiliates from any and all claims resulting from injuries, including death, damages, and losses sustained by the undersigned or my minor child or ward arising out of this program. I/we have read and understand the above Waiver and Release of All Claims and understand the effect of the relinquishment of the rights hereby waived.

Parent Signature: X **Date:**

Permission

☐ Yes ☐ No **[EMERGENCY MEDICAL]** In the event of any emergency, I authorize Lincoln Parks and Recreation and cooperating agencies/organizations to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment and any and all medical services rendered.

☐ Yes ☐ No **[TRANSPORTATION]** I give Lincoln Parks and Recreation permission to transport my child for the purpose of program activities whether by Parks and Recreation van, public transportation, or by walking during any of the days at a Parks and Recreation program.

☐ Yes ☐ No **[PHOTO/MEDIA]** I, the undersigned, hereby authorize the City of Lincoln on behalf of the Parks & Recreation Department to use minor child's name, statements, image, voice, videos, or likeness for the purpose of promotion or public information without obtaining further consent or without prior knowledge of such use. I understand that I am to receive no compensation of any kind as a result of any publication, recording, broadcast, rebroadcast or other non-broadcast uses thereof. I understand that the statements, image, voice, videos, or likeness may be altered as required for publication or distribution. I hereby release and hold harmless the City, its successors and assigns and its elected officials, directors, agents, officers, and employees for any violation of any personal or proprietary right or any other claims I may have in connection with such use. The Parks & Recreation Department shall have ownership of resultant production using my image and shall have the exclusive right to make use of such production as stipulated: availability for use in training; availability for use by the participants in a training course; availability for viewing in connection with the Parks & Recreation Department; availability for use of Web pages and other Internet sites created or used by the Parks & Recreation Department; availability for use in promotional brochures, newsletters, and other publications of the Parks & Recreation Department.

Parent Signature: X **Date:**

RETURN THIS FORM TO IRVING RECREATION CENTER | 2010 VAN DORN (68502)