URBAN PRAIRIE

Youth Environmental Leadership Program
Spring 2012

Registration Form

fundamental

What is Urban Prairie?

Urban Prairie is an afterschool and summer program for youth in grades 6 through 8 who are interested in the outdoors and discovering Lincoln and Nebraska.

What will we do?

Outdoor Adventure
Cycling, rock climbing, paddle sports, hiking, swimming, cross country skiing, snowshoeing, and more!

Discover Nebraska Ecology
Visit wetlands, test water quality, tour rain gardens, explore Nebraska prairies, and learn about native species.

Develop New Skills
Community gardening, volunteer service, bike maintenance, and other lifelong recreation skills.

QUESTIONS? Visit parks.lincoln.ne.gov or call 402.441.7954.

Days and Hours

- Tuesdays and Thursday, school dismissal—6 p.m.
- 1st and 3rd Saturdays, 10 a.m.—4 p.m.

Program Location

"The Yellow House"
1600 Memorial Drive (in Antelope Park near Auld Pavilion).

Transportation

Transportation will be provided from school to "The Yellow House" in a Parks and Recreation van. Transportation from "The Yellow House" to residences is available upon request.

Fee Information

- $125 per semester or $50 per session
- Need-based scholarship applications are available

PARTICIPANT INFORMATION

Participant's Name: _____

Date of Birth: _____ Gender (circle): M F

Street Address: _____

City: _____ State: _____ Zip: _____

Parent Name(s): _____

Day Phone: _____ Home Phone: _____

Cell Phone: _____ Parent at Day Phone: _____

Parent Email: _____

Emergency Contact: _____

Day Phone: _____ Home Phone: _____

School: _____ Grade Level: _____

T-Shirt Size (circle): Youth M Youth L Adult M Adult L Adult XL

MORE INSIDE →

Please check (√) each session your child will attend.

January 10—February 18 ($50) _____
February 21—April 7* ($50) _____
April 10—May 19 ($50) _____

Spring Semester* ($125) _____

**No program Mar. 13 & 15 (Spring Break).*

Amount enclosed: _____

SUBMIT FORMS WITH PAYMENT TO:
IRVING RECREATION CENTER
2010 VAN DORN
PHONE: 402.441.7954
FAX: 402.441.7125

Lincoln Parks & Recreation

PARTICIPANT INFORMATION

LINCOLN PARKS AND RECREATION — URBAN PRAIRIE

PLEASE PRINT

CHILD'S FIRST AND LAST NAME: _____

PARENT/LEGAL GUARDIAN: _____

We want each child to be successful in our program. Is there any information we need to know about your child to help them be successful? If yes, please explain.

☐ YES ☐ NO _____

_____

What are your expectations for your child while attending the Parks and Recreation program? _____

_____

What activities does your child enjoy? _____

_____

Does your child have allergies? Food allergies? Medication allergies? ☐ YES ☐ NO
If yes please explain:

_____

Does your child have medical conditions such as asthma, diabetes, etc? ☐ YES ☐ NO
If yes please explain:

_____

Will your child need to take medications while at the Parks and Recreation program? ☐ YES ☐ NO

If yes please give a brief explanation. _____
(A medication consent form will be sent to you if you answer yes.)

Has your child ever:

☐ YES ☐ NO Been treated for emotional or behavioral difficulties? _____

_____

☐ YES ☐ NO Been seen by a professional to address mental/emotional health concerns? _____

_____

☐ YES ☐ NO Had a significant life event that continues to affect the participant? (History of abuse, death of loved one, family change, adoption, foster care, new sibling, survived a disaster, others.)

_____

WAIVER and PERMISSION FORM

LINCOLN PARKS AND RECREATION — URBAN PRAIRIE

PLEASE PRINT

CHILD'S FIRST AND LAST NAME: _____

PARENT/LEGAL GUARDIAN: _____

WAIVER AND RELEASE OF ALL CLAIMS: For and in consideration, the undersigned parent(s) or guardian(s) of the participant in the recreation program, I/we recognize and acknowledge that there are certain risks of physical injury and I/we agree to assume the full risk of any injuries, including death, or loss which the undersigned or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such 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 officials, officers, agents, employees and volunteers from any and all claims arising from injuries, including death, damage or loss which I/we or my minor child/ward may incur or may accrue to me or my minor child/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, officers, agents, employees and volunteers from any and all claims resulting from injuries, including death, damages and losses sustained by the undersigned or my minor child/ward or 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.

X_____

SIGNATURE OF PARENT AND/OR GUARDIAN RELATIONSHIP DATE

By signing below I give permission for my child to participate in program activities. I understand that Parks and Recreation does not carry health and accident insurance for my child, and that I as guardian will be responsible in case of injury where bills are incurred.

I understand that my child may be dismissed for failure to follow rules, failure to follow general operating procedures of the program. As a parent/guardian, I will work as a partner with staff to ensure my child is successful in the program. The information I have listed is correct to the best of my knowledge and I will notify the program staff of any changes to the information in a timely manner.

I understand that being able to contact me or an authorized adult during the program day is very important and I will make sure Parks and Rec. has current, daytime contact information.

X_____

SIGNATURE OF PARENT AND/OR GUARDIAN RELATIONSHIP DATE

Parent must indicate 'yes' or 'no' to the following:

☐ YES ☐ NO I give staff permission to transport my child for the purpose of program activities whether by van transportation, City bus system, or by walking during any of the days at a Parks and Recreation program.

☐ YES ☐ NO I give my permission for Parks and Recreation staff to share and receive necessary information from all Parks and Recreation partners to assist with providing the best program experience for my child.

☐ YES ☐ NO 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.

MORE ON BACK →

RELEASE FORM
PHOTOGRAPHS/RECORDED IMAGES/VOICES

GRANTED TO: City of Lincoln on behalf of Parks & Recreation Department

I, the undersigned, hereby authorize the City of Lincoln on behalf of the Parks & Recreation Department to use my 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 below:

1. Availability for use in training;
2. Availability for use by the participants in a training course;
3. Availability for viewing in connection with the Parks & Recreation Department;
4. Availability for use of Web pages and other Internet sites created or used by the Parks & Recreation Department;
5. Availability for use in promotional brochures, newsletters, and other publications of the Parks and Recreation Department.

I have the full right and legal capacity to sign this consent and release. I have read this consent and release prior to signing it and I understand its contents.

Name _____

Address _____

_____

Phone _____

Signature _____

Signature of Parent or Authorized/Appointed Guardian if under 18:

_____

Date _____