



TEEN PROGRAM REGISTRATION FORM

Teen's First Name: _____ Teen's Last Name: _____

Birthday: _____ Age: _____ Gender: ___ Male or ___ Female

Address: _____ City: _____ State: ___ Zip: _____

Teen Cell #: _____ Teen's Email: _____

PARENT/GUARDIAN INFORMATION:

First Name: _____ Last Name: _____ Relationship: _____

Home Phone: _____ Cell #: _____ Work #: _____

Email: _____

EMERGENCY CONTACT INFORMATION:

Emergency contact must be authorized to act on behalf of the teen's parent/guardian

First Name: _____ Last Name: _____ Relationship: _____

Cell/Home Phone #: _____ Work Phone #: _____

Address: _____ City: _____ State: ___ Zip: _____

EMERGENCY TREATMENT & HOLD HARMLESS AGREEMENT

(Please initial that you have read, understand, and agree to the information on each line, then sign and date)

I _____, in consideration of the City of Alexandria, Department of Recreation, Parks and Cultural Activities, conducting the Aquatic Operation, the undersigned realizing the risk of injury participating in such a highly physical active, does hereby and forever discharge the City of Alexandria, Department of Recreation, Parks and Cultural Activities and its officers, agents, employees and collaborating partners from any and all action, claims or liability resulting from or arising out of or based upon any bodily injury or property damage which may be sustained by the undersigned or the undersigned's child while participating in such programs.

I _____ certify I give my teen, who is an Alexandria resident, permission to attend the Department of Recreation, Parks and Cultural Activities, Recreation Services Division, Outdoor Pool facilities in my absence and/or without supervision of an adult escort/guardian.

I understand the staff and lifeguards at the outdoor pool will not be the caregiver for my teen during their visit in the absence of a guardian.

I _____ give the Department of Recreation, Parks and Cultural Activities, Recreation Services Division, permission to acquire emergency treatment at my expense for the participant named above.

Signature of Parent/Guardian of Participant: _____ **Date:** _____

TO BE COMPLETED BY STAFF

_____ Teens must have a current school ID or VA Driver's License with proof of Parents residency.

_____ Teens over 18 must have a current DMV picture ID or VA Driver's License with a city/school issued document.

___ Entered into RECTRAC ___ Photo Entered ___ FOB Issued **FOB or Pass #:** _____

The above proof of residency was verified by me: Print Name: _____ Date: _____