

How did you hear about our program?  Friend  Newspaper  Internet  Other

Have you ever registered in any of our programs before? (If so, what programs, check all that apply)

Athletic  Cultural  After School  Summer Camp  Other

**MEDIA RELEASE**

I HEREBY GRANT PERMISSION TO RECORD MY CHILD'S/WARD'S LIKENESS AND/OR VOICE FOR USE BY TELEVISION, FILMS, RADIO OR PRINTED MEDIA TO FURTHER THE AIMS OF THE PHILADELPHIA RECREATION DEPARTMENT IN RELATED CAMPAIGNS AND MAGAZINE ARTICLES, BOOKLETS, POSTERS AND IN ANY OTHER WAYS THEY MAY SEE FIT.

Signature of Responsible Party	Relationship	Date
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**PARTICIPANT'S SHIRT SIZE (check one box)**

Child's Small	Child's Medium	Child's Large	Adult Small	Adult Medium	Adult Large	Adult X-Large	Other
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**FOR ALL CHILDREN'S PROGRAMS, PLEASE ALSO ANSWER**

My Child will attend the program:  Sun  M  T  W  Th  F  Sat

The time my child will be picked up:	My child may walk home or be dismissed at:
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**THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP MY CHILD AT THE SITE:  
(PHOTO ID WILL BE REQUIRED)**

<b>Name</b>	<b>Relationship</b>	<b>Phone #:</b>
<b>Name</b>	<b>Relationship</b>	<b>Phone #:</b>
<b>Name</b>	<b>Relationship</b>	<b>Phone #:</b>

**BEHAVIORAL PROBLEMS**

Identify any behavior problems and how to deal with them

**TRIPS**

**Permission Consent Form/Waiver:** My child has permission to participate in the above activity and to be escorted, under proper adult supervision, away from \_\_\_\_\_ (facility) to participate in activities associated with the event of which I have registered. I do not hold \_\_\_\_\_ (facility) and program staff responsible for any accident or illness that might occur while my child is involved in scheduled activities. I request that the adult in charge seek or administer proper medical attention if necessary. Participants should have a recent medical examination certifying that his/her physical activity need not be limited. Participants assume any and all risks associated with the activity including, but not limited to falls, contact with other participants, heat or humidity and condition of fields, all such risks being known and appreciated by me. I hereby release the City of Philadelphia, Department of Recreation, all sponsors, agents, volunteers and anyone acting on their behalf for any and all claims of liability.

Signature of Parent/Guardian	Date	Parent's E-mail Address
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THE PHILADELPHIA RECREATION DEPARTMENT ASSURES THAT ALL FACILITIES AND SERVICES ARE AVAILABLE FOR PUBLIC USE WITHOUT REGARD TO RACE, COLOR, RELIGION, ANCESTRY, SEX, AGE, PHYSICAL HANDICAP, NATIONAL ORIGIN, SEXUAL OR AFFECTIONAL PREFERENCE OF MARITAL STATUS. IF ANYONE BELIEVES HE OR SHE HAS BEEN SUBJECTED TO DISCRIMINATION ON THESE BASES, HE/SHE MAY FILE A COMPLAINT ALLEGING DISCRIMINATION WITH EITHER THE PHILADELPHIA RECREATION DEPARTMENT OR THE OFFICE FOR EQUAL OPPORTUNITY, U.S. DEPARTMENT OF INTERIOR, WASHINGTON, D.C. 20240.