



Alamogordo Family Recreation Center

CHILD NAME: _____ PARENT NAME: _____

I agree to notify program staff of any changes to the information given on the registration form including medical, physical, and emotional health issues and/or custody arrangements.

EMERGENCY CONTACTS		
Please provide emergency contact information in case parent/guardian can't be reached in an emergency situation		
NAME (As listed on photo ID)	RELATION TO CHILD	PHONE NUMBER
1.		
2.		

CHILD SIGN OUT LIST		
Please list the individuals other than parents/guardians contacts that have your permission to sign out your child from our Youth Programs. (Note: persons signing out the child will be required to show staff a valid photo ID)		
NAME (As listed on photo ID)	RELATION TO CHILD	PHONE NUMBER
1.		
2.		
3.		
4.		
5.		

FIELD TRIP & MEDIA RELEASE/AUTHORIZATION

FIELD TRIP RELEASE

I will also allow the above-named child to accompany the Alamogordo Family Recreation Center on program-related field trips and events. I am aware children are transported on AFRC vans driven by AFRC staff. I am aware that I will be informed of these field trips on a weekly basis.

I have read this release and understand its terms. I execute it voluntarily and understand that, in exchange for the participant being allowed to participate, I am waiving certain rights that the participant and-or I may have.

MEDIA RELEASE

May we have permission to take the participant's photograph or video which may be used on the City of Alamogordo's public website, in print, electronic media and/or community newspapers for the promotion of COA/AFRC programs and services? **Yes, I grant consent** **No, I do not grant consent**

Parent/Guardian Signature

Date