

# *D.C. Parks and Recreation*

## *“WaterWizards/Registration Form 2016”*

(Please **Print or Type**. Complete one form per person)

### **PARTICIPANT**

### **FAMILY/MEDICAL INFO**

### **RELEASE/WAIVER**

F-Name \_\_\_\_\_ MI \_\_\_\_\_  
 L-Name: \_\_\_\_\_  
 Preferred Name: \_\_\_\_\_  
 Gender: \_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
 H-Ph: \_\_\_\_\_ W-Ph: \_\_\_\_\_  
 C-Ph: \_\_\_\_\_ Ward: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Status: Senior \_\_\_\_ Indiv \_\_\_\_ Fam Mem \_\_\_\_

Do You have any physical/emotional concerns, allergies or medication needs? (circle one) Yes No  
 If Yes, please explain in detail: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Health Insurance Carrier: \_\_\_\_\_  
 \_\_\_\_\_  
 Policy Holder: \_\_\_\_\_  
 Group: \_\_\_\_\_ ID#: \_\_\_\_\_  
 Physician's Name: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

#### *General Child Release Waiver*

The signature below certifies that all the information contained in my child's registration is correct and true. My signature also affirms my understanding that my child's participation in DPR programs and activities may present some risk of injury. DPR assumes no liability for injuries or damages that result from my child's participation in these programs or activities. I further grant DPR and its partner agencies and organizations permission to use my child's likeness and words to describe, promote and publicize DPR programs

#### *General Adult Release Waiver*

The signature below certifies that all information contained in this registration is correct and true. My signature also affirms my understanding that participating in DPR programs and activities may present some risk of injury. DC Parks and Recreation assumes no liability for injuries or damages that result from participation in these activities. I further grant DPR and its partner agencies and organizations permission to use my likeness and words to describe, promote and publicize DPR programs and activities.

#### *Medical Permission Form*

Some DPR programs and activities require a medical doctor's permission to participate. Medical forms must be submitted before the first day of the scheduled program or activity.

### **EMERGENCY CONTACT**

Name: \_\_\_\_\_  
 H-ph: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 H-ph: \_\_\_\_\_ Relationship: \_\_\_\_\_

I certify that \_\_\_\_\_,  
 my patient, is of sound mind and body, and is of  
 adequate health to participate in the DPR Aquatics  
 exercise/swim program.  
 \_\_\_\_\_ / /  
 Physician's Signature Date

### **SITE/ACTIVITY INFORMATION**

Activity: \_\_\_\_\_ Catalog #: \_\_\_\_\_ Price: \_\_\_\_\_ Site/Pool \_\_\_\_\_  
 Activity: \_\_\_\_\_ Catalog #: \_\_\_\_\_ Price: \_\_\_\_\_ Site/Pool \_\_\_\_\_  
 Payment Method: Ck \_\_\_\_\_ Credit \_\_\_\_\_ M.O. \_\_\_\_\_  
 ID# \_\_\_\_\_ Issued By: \_\_\_\_\_ Expiry: \_\_\_\_\_

\_\_\_\_\_  
 (print name)  
 \_\_\_\_\_ / /  
 Signature: Date: