



Department of Athletics
SUMMER RECREATION PROGRAM REGISTRATION FORM

2017-2018

Attention Parents: Does your son or daughter have your permission to walk home after these activities end?
YES or NO Parent Initials: _____

Primary Guardian

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home # () _____
Work# () _____ Cell# () _____
D.O.B: _____ Age: _____ Sex: _____
E-Mail: _____

Secondary Guardian

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home # () _____
Work # () _____ Cell # () _____
D.O.B: _____ Age: _____ Sex: _____
E-Mail: _____

Participant Information:

Name: _____ Address: _____
DOB: _____ Age: _____
Grade: _____ School: _____

In consideration of accepting the participant as named in said program, I do hereby agree to hold harmless the McAllen Independent School District, its agents and employees, from any and all liability resulting from my participation in the McAllen ISD Summer Recreation Program, whether such liability is caused by accident, third party negligence or the negligence of any of the entitles or persons above named.

Photos are periodically taken of participants at various McAllen ISD facilities. I understand that these photos are for McAllen ISD use only and may be used in future brochure or publications. I do hereby grant permission for photos to be taken of my child for purposes of publicity.

X SIGNATURE: _____ DATE: _____

(If participant is under 18 years of age, a parent/guardian signature is required.)

IN CASE OF EMERGENCY PLEASE CONTACT:

Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
Primary Phone: _____ Secondary Phone: _____