



**CLARK COUNTY
DEPARTMENT OF PARKS & RECREATION
Household Information Card**

Household Address: _____ City: _____ Zip: _____

Primary Guardian Name: _____ Age: _____ DOB: _____ Sex: M F

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

Email: _____ Cell Provider: _____

Secondary Guardian Name: _____ Age: _____ DOB: _____ Sex: M F

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

Email: _____ Cell Provider: _____

Child's Name: _____ Age: _____ DOB: _____ Sex: M F

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Special Instructions:

Does your child require any special needs or medication ? _____Yes _____No (If yes, please request prior to the start of the program, the necessary "Authorization to Administer Medication, or Special Needs Information Form located at the program site).

Medication cannot be dispensed otherwise.

In the event of an accident or illness to the above-mentioned child, I (parent/guardian) hereby authorize staff located at (name of facility) Hollywood Recreation Center to secure any necessary emergency surgical or medical care.

The following may be completed for information purposes only:

WAIVER OF CLAIM

I, _____ acting on behalf of myself or my minor child do expressly and forever waive and release Clark County, Nevada, Department of Parks & Recreation and all their respective officers, employees, agents, or representatives from any and all liability for personal injuries or damages sustained, incurred, or arising from participation in all department programs.

Signature of Parent / Guardian

Date

*By signing this card I/we acknowledge that I/we have read and understand the rules and guidelines with my/our child(ren).
Form revised 2002*

Special Instructions:

Does your child require any special needs or medication ? _____Yes _____No (If yes, please request prior to the start of the program, the necessary "Authorization to Administer Medication, or Special Needs Information Form located at the program site).

Medication cannot be dispensed otherwise.

In the event of an accident or illness to the above-mentioned child, I (parent/guardian) hereby authorize staff located at (name of facility) **Hollywood Recreation Center** to secure any necessary emergency surgical or medical care.

The following may be completed for information purposes only:

WAIVER OF CLAIM

I, _____ acting on behalf of myself or my minor child do expressly and forever waive and release Clark County, Nevada, Department of Parks & Recreation and all their respective officers, employees, agents, or representatives from any and all liability for personal injuries or damages sustained, incurred, or arising from participation in all department programs.

Signature of Parent / Guardian

Date

*By signing this card I/we acknowledge that I/we have read and understand the rules and guidelines with my/our child(ren).
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