

THIS FORM MUST BE COMPLETE IN ORDER FOR YOUR CHILD TO ATTEND
TGIF Teens
2023/2024 | 8:30-10:30p

Child(s) Name: _____ Grade: _____ Age: _____

Child's School: _____

Parent(s) or Legal Guardian(s) Name: _____

Contact Number(s): _____ Email: _____

Address: _____ City: _____ Zip: _____

Any behavioral, physical, or emotional needs staff should be aware of? Yes or No
If yes, please explain:

If your child is attending for the first time, how did you hear about this program? (Circle all that apply)

Social Media Child's School Poster/Flier PlayLargo.com Staff

Other: _____

Please note all participants must be signed in by 9p, no one will be permitted to enter the program after this time. This program is a drop-in program that allows the participants to leave the facility when they choose to. For safety and security reasons, once a participant leaves the facility they are not permitted to reenter. I acknowledge that I am aware of the above policies and understand that my child is only supervised by a City of Largo staff member when they are signed into the program.

Parent/Guardian Initial Required _____

RELEASE

I _____, the parent/legal guardian, of the named child on this form, so hereby assume all risks and hazards incidental to my child's participation in activities, use of equipment and facilities of the City of Largo, and I do hereby agree to waive, release, absolve, defend and hold harmless the City of Largo, its employees, officers, agents, volunteers, and elected officials from any claims, damages, losses or injuries of any kind, resulting from my child's participation in activities, use of equipment and facilities of the City of Largo. THIS RELEASE INCLUDES A RELEASE FOR ANY AND ALL LOSSES OR INJURIES ARISING OUT OF ANY ACT OR OMISSION OR NEGLIGENCE, EITHER ACTIVE OR PASSIVE OF THE CITY OF LARGO, ITS EMPLOYEES, OFFICERS, AGENTS, VOLUNTEERS, AND ELECTED OFFICIALS. THIS RELEASE IS GIVEN AND SIGNED OF MY OWN FREE ACT AND WILL.

In the event that I cannot be reached in an emergency. I hereby give permission for proper treatment for my child listed above. My child and I are aware of the facility rules, and we agree to abide by them. Copies of rules are available upon request.

Your signature below verifies that you have read and understand the policies and procedures listed on this document.

Parent Name Printed: _____

Parent/Legal Guardian Signature: _____ Date: _____