

MICHAEL STEPHENS  
Director of Providence Recreation



JORGE O. ELORZA  
Mayor

CITY OF PROVIDENCE

RECREATION  
PARTICIPANT REGISTRATION FORM

INTERNAL USE

Data Sharing:

YES

NO

**PARTICIPANT INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Non binary: \_\_\_\_\_ Prefer not to disclose: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

**PARTICIPANT DROP OFF /PICK UP INFORMATION**

Person who will **pick up** the participant after program: \_\_\_\_\_

(Please print)

Driver's License / ID #: \_\_\_\_\_

**HEALTH HISTORY**

Allergies (include medications, foods, insect venoms) \_\_\_\_\_

*By signing this form, we the undersigned attest that all the information is correct to the best of our knowledge*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_ Relationship \_\_\_\_\_

**DEPARTMENT OF RECREATION**  
11 West Drive Providence, Rhode Island 02904  
401 680 7300 PH 401 455 8860 FAX  
**recreation@providenceri.gov**

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## CITY OF PROVIDENCE

### WAIVER FORM

The undersigned, being the parent/legal guardian of the undersigned minor athlete/ participant, acknowledges that the athlete/participant seeks to participate in a sports/recreational program sponsored by the Providence Department of Recreation. I specifically assert that the athlete/participant will comply with the rules and regulations of the Department of Recreation that the athlete/participant is aware that athletic/recreational participation may require some physical fitness; that the athlete/participant possesses such fitness; and that some risk of serious injury and even death is involved in recreational sports participation.

Therefore, in consideration of participation in a Department of Recreation program, I grant the Department of Recreation, its officers, agents, and employees, a waiver of liability with regards to the athlete's participation in any sports/recreational program sponsored by the Department of Recreation. I specifically acknowledge that a risk of injury or death exists.

[This form must be completed by the parent or legal guardian of all athletes/participants intending to participate in any Department of Recreation activity. All minor athletes/participants must sign and have a parent or legal guardian also sign. Failure of a team or organization to provide a duly executed form will result in the athlete/participant to be declared ineligible.

Participant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Swim Waiver of Liability & Parental Consent Form**

In consideration for use of the facilities and equipment located there, and for participation in programs or in any other recreational activities sponsored by the Department of Recreation, I agree for myself and for my children / wards (if under the age of 18) to the following:

- I understand that I and my children / wards (if under the age of 18) will be participating in recreational activities sponsored by the Department of Recreation, and that we will enter the premises and engage in any activities at our own risk.
- I understand that the Department of Recreation shall not be liable for any damages arising from personal injuries that I and my children / wards (if under the age of 18) may sustain as a result of any activities.
- I agree to assume full responsibility for any injuries / damages that may occur to either myself or my children /wards (if under 18), and to fully and forever release and discharge the Department of Recreation, its directors, and its employees, from any and all liability, claims, demands, damages, rights or causes of action, present or future, arising from our use and participation in Recreation activities.

The waiver and release from liability is in addition to, and not in lieu of, the exemption from liability granted to the Department of Recreation under RI Gen. Laws Section 7-6-9, as the same may be amended from time to time.

**PARENTAL CONSENT (required for participants under the age of 18)**

I, the minor's parent and /or legal guardian, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands , losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the releasee or otherwise, and further agree that if, despite this release, I , the minor, or anyone on the minor's behalf make a claim against any of the above Releasees, I WILL INDEMNIFY,SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, losses, liability, damage, or cost any Releasee may incur as the result of any such claim.

*By signing this form, I agree to the above terms, and attest that all the information I have provided is true and correct.*

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**TRANSPORTATION AND PHOTO RELEASE FORM**

My child has my permission to be transported to and from recreation centers, partner organization locations, areas where any program is being held and events on City of Providence provided transportation. I understand that such transportation may be on City Of Providence Vans, buses and/or walking by foot. I/We believe that the reasonable and necessary precautions for safeguarding my participating child during the trip will be taken. Beyond this, I/we agree to hold City of Providence Recreation Department harmless in the event of any injury to my child while she/he is participating in this off Recreation Center activity.

Yes: \_\_\_\_\_ No: \_\_\_\_\_

During the year, our staff may take pictures or videos of participants' activities and events. We would like to use some of the pictures or videos in advertising, brochures or other promotional materials. Please read and submit the following release form. I have no ownership rights in such published materials. I release the Department of Recreation, its contractors and its employees from liability for any claims by me or any third party in connection with such photographs or videos.

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Relationship: \_\_\_\_\_



CITY OF PROVIDENCE  
**CONSENT FOR SHARING AND RELEASE OF STUDENT INFORMATION**

**Who is the Department of Recreation?**

The City of Providence's Recreation Department provides a network of neighborhood-based recreation spaces where all residents, particularly children and youth, are engaged, healthy and feel safe.

**What is the Department of Recreation asking for and why?**

We would like your permission to share the information we collect from you and your child with your child's school. Examples of the type of information we would share are your child's participation in the program, frequency of participation, activity involved and relevant grades (if applicable). If the Department of Recreation provides this kind of information to your child's school, then the school will have a full record of your child's engagement, particularly during the summer.

We would also like your permission to have the Providence Public School Department (PPSD) release information from your child's student record. The student record has information such as your child's attendance, scores on assessments (NECAP for example), types of services received, discipline history, and other information. Having this information will help us better understand how we can improve our services to your child.

**What types of information does the Department of Recreation share?**

The Department of Recreation sometimes shares the information we collect from you and your child with your child's school and/or evaluation partners, and stores that information in a locked file cabinet and/or room. Examples of the type of information we may share are attendance, grade, age, sex and school name.

**If I agree to release the information to the Department of Recreation, who will see my child's information?**

The only people who will see information from your child's student record are the Department of Recreation staff and administrators, and administrators at PPSD's Research, Planning and Accountability Department.

**How will the Department of Recreation protect my child's information?**

All Department of Recreation staff members receive training in privacy and confidentiality procedures and sign confidentiality agreements. The Department of Recreation staff keep all records locked in a secure location. Only the members of the Department of Recreation staff will have access to the records. Data that will be shared with others will have identifying information removed to protect your child's identity.

**If I do not give permission, can we still participate in the Department of Recreation programs?**

Yes, you can still participate in the Department of Recreation activities. There are no penalties if you decide that you do not want to share this information.

**Who should I contact if I have any questions?**

If you have any questions now or in the future about any matter related to the Department of Recreation, please call 401-680-7300.

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(please return this portion)

Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**The Department of Recreation sharing information with PPSD**

- Yes I understand why the Department of Recreation is asking my permission to share information about me and my child *collected by Department of Recreation staff* with appropriate school faculty (classroom teachers, school administrators, and school clinicians) and I grant permission to Department of Recreation to share that information with school faculty.
- No I do not give permission to Department of Recreation staff to share information with my child's school.

**PPSD releasing information from my child's student record to the Department of Recreation**

- Yes I understand why Department of Recreation is asking my permission to access my child's student record and I grant permission to the Providence Public School Department to share that information with Department of Recreation.
- No I do not give permission to the Providence Public School Department to release information from my child's student record.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

I understand that my records are protected under the Federal Confidentiality Regulations (42CFR Part 2), Mental Health Law (40.1-2-26) and Health Care Information Act (RI General Laws 5.37.3-4), and cannot be disclosed without my written consent except as otherwise specifically provided by law. Any information released or received as a result of this consent shall not be relayed in any way to another person, organization or entity, without additional written consent from me unless it is by the Director of Department of Recreation acting in my behalf. I understand that state law mandates reporting of suspected abuse/neglect (to children, elderly and disabled persons) to the appropriate State authorities. I may withdraw this consent by giving written notification to the above party, at any time prior to the disclosure or release of the information. I understand and consent to my case file, and record being reviewed and information being used for administrative case review and program evaluation. I have read (or had it read to me), understand and agree to the conditions as outlined in this release.

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