



**Town of White City**  
**Free to Be- Participant Information 2025/2026**

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

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

Physical Address: \_\_\_\_\_ Town/City: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

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

\* Email Address will only be used to send out important program information

Second Parent/Guardian's Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Emergency Contact (Different from parent/guardian in case we cannot get a hold of you):

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Important Information (Example: Dietary restrictions, allergies, asthma, medication, disability, pronouns, etc.)

After program instructions:

- Participant can go home alone       Participant will be picked up

Other arrangements please list below:

It is the parent/guardian's responsibility to educate their children as to whether or not they can leave on their own.

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

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

Department of Parks, Recreation and Culture use only:

Date Received: \_\_\_\_\_ Location: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

*The information received on this form is confidential and will not be used for any other purpose than for which it has been obtained*





**Waiver of Liability**

I agree to release, indemnify and save harmless the Town of White City, and its elected officials, officers, employees, agents, representatives, volunteers and other participants from and against all claims, proceedings and/or actions in respect of any costs, losses, damage or injury arising by reason of my or the dependent registrants' participation in any activities offered by the Town of White City, or by reason of the provision of medical care by the Town to me or the dependent registrants.

**I have read and understood the Waiver of Liability.**

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

**Town of White City- Image Release**

I hereby authorize the Town of White City to publish photographs taken of my child during the Youth Program for use in the Town of White City's print, online and video-based marketing materials as well as other publications. Photographs or video may also be used in print for local newspapers and newsletters.

I hereby release and hold harmless the Town of White City from any reasonable expectation of privacy or confidentiality associated with the images specified above.

I further acknowledge that my participation is voluntary and that I or my child will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other Town of White City publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release the Town of White City, its contractors, its employees and any third parties involved in the creation of publication of marketing materials from liability for any claims by me or any third party in connection with my participation.

***I do not agree to these terms and do not consent to having my child's photo taken.***

(Note: If you check this box, you do not need to sign below.)

\_\_\_\_\_  
Parent/Guardian's Name (Please Print)

\_\_\_\_\_  
Child's First and Last Name (Please Print)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

*Personal information is collected and maintained in accordance with The Local Authority Freedom of Information and Protection of Privacy Act.*