



Youth Class Registration

Child's Name:

Age:

Other children you wish your child to be grouped with:

E-mail (for confirmation and reminder):

Phone Number:

Class name:

Class date:

Payment Information:

You must pay the class fee at the time of registration. Registration fee is **nonrefundable**. We accept cash, checks, and most major credit cards (please see enclosed form if paying by credit card). Checks should be made payable to **City of Fort Worth—LCV**. Registrations will be processed and class spaces awarded on a FIRST COME, FIRST SERVED basis. **NO REGISTRATIONS WILL BE TAKEN OVER THE PHONE OR VIA EMAIL.** If first day response is overwhelming, we will draw names to see who will occupy the class slots. Our web site events page will indicate when classes are filled.

- Please be sure to submit registration by deadline stated in individual class description
- For full class descriptions, please visit our "News and Events" page at www.logcabinvillage.org

Please mail completed forms, waivers, and payments to:

Log Cabin Village Classes
2100 Log Cabin Village Lane
Fort Worth, TX 76109

General Phone: 817-392-5881
Class questions: 817-392-6769
E-mail: logcabinvillage@fortworthtexas.gov
www.logcabinvillage.org

You may also fax your completed form and payment (if paying by credit card, only) to 817-392-7610.

Authorization for Emergency Medical Care

(must be signed by parent or guardian)

In the event of an emergency, I, _____,
being the parent or legal guardian of _____,
do hereby authorize Log Cabin Village and the Parks and Community Services
Department of the City of Fort Worth, TX, or any staff member or
representative to give consent for any and all necessary emergency medical care
for my child, _____, while said child is in said individual's
custody. I will be responsible for all emergency care fees.

Parent or Legal Guardian signature

Date

Name of Parent or Legal Guardian (printed):

Address

Home Telephone:

Mobile/alternate telephone:

*****Please provide at least two additional names AND telephone numbers to
contact in case of an emergency:*****

1.

2.

Please list any dietary/medical conditions/allergies:

Waiver/Release

(must be signed by parent or guardian)

I, _____, wishing to participate in activities conducted by Log Cabin Village, Parks and Community Services Department, do hereby FOREVER RELEASE, HOLD HARMLESS, AND INDEMNIFY the City of Fort Worth, its staff, employees, or representatives, Log Cabin Village, and the Parks and Community Services Department from any and all claims, demands, liability, suits, actions or causes of action, which I or my child/children have against the City of Fort Worth, its staff, employees, or representatives, Log Cabin Village, and the Parks and Community Services Department for property loss or damage, and personal injury, including death, or any other damage of any kind or character and any other type of damage which I or my child/children may hereinafter have, arising out of or resulting from, or directly or indirectly attributable to participating in these activities including any and all medical or hospital expenses, doctor bills, nurses' expenses, and drugs.

I hereby assume all responsibility and liability for such damages or injuries sustained by myself or my child/children.

This release and indemnification shall be construed as expressly including, but not limited to, alleged acts, omissions, negligence, materials or training, equipment services, or the manner of performance of services of or by the City of Fort Worth, its staff, employees, or representatives, Log Cabin Village, and the Parks and Community Services Department acting officially or otherwise.

I have read this release and fully understand its terms and conditions. I hereby acknowledge that I consent for myself and/or my child/children to participate in activities conducted by Log Cabin Village and the Parks and Community Services Department of the City of Fort Worth.

Signature

Date

Permission for Photographs or Recordings

Thank you for participating in our hands-on activities at Log Cabin Village. We are requesting permission to photograph and/or record you and/or your child/children while participating by:

1. Log Cabin Village and the City of Fort Worth Parks and Community Services staff, their representatives and/or
2. News media (television, newspapers, radio, magazines)

I understand such pictures or recordings may be reproduced, copyrighted, broadcast, telecast, cablecast, published, used in internet pages involving Log Cabin Village and/or the City of Fort Worth Parks and Community Services Department.

I give permission for me and my child/children to be photographed and/or recorded.

Signature

Date

Information for credit card payments
(complete only if paying by credit card)

Name (as it appears on card): _____

Billing Address: _____

Billing Phone: _____

Purchase amount: _____

Card type (circle one):

Visa MasterCard Discover American Express

Card number: _____

Card expiration date: _____

3 or 4 digit security code on the back of the card (far right numbers on signature line): _____

I authorize Log Cabin Village to charge my credit card for the purchase amount named above.

Cardholders' signature

Date