

2025 Gloria Garza Summer Recreation Program

Shirt Size: _____



Please send a small snack with your child each day.

Registration and Release Form

Child's Name _____ Child's Age _____ Child's Birthdate _____

Parent(s) Name _____

Address (Physical) _____ City, State, Zip _____

Email Address _____ City, State, Zip _____

Parent Phone Number(s): Home _____ Work _____ Cell _____

In the event the parent cannot be reached, please list another emergency contact person:

Name _____ Relation _____

Phone Number(s): Home _____ Work _____ Cell _____

Waiver/Release

I, the parent of the above named child, give permission and approval for my child's participation in the 2025 Gloria Garza Summer Recreation Program to be held at Mesilla Community Center, located at 2251 Calle de Santiago. I assume all risks and hazards incidental to the conduct of the activities. I do further hereby release, indemnify and hold harmless the Town of Mesilla, the Supervisors, the Employees, and Sponsors in case of injury to my son/daughter.

I understand that the recreation program is June 9th through July 10th Monday-through-Thursday from 9 a.m. to 1:00 p.m. and that I am not to drop off my child earlier than 9 a.m. or pick up my child later than 1:00 p.m.

I give permission to the following individuals (IN ADDITION to parents above) to pick up my child:

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

Parent/Guardian Printed Name _____

Signature _____

Date _____

Please continue on page 2.

For Office Use Only

Amount: \$25.00 Payment Date: _____ ☐ Cash ☐ Check (# _____) ☐ Credit Card

Receipt #: _____ Staff Initials: _____ Session assigned: #1 _____ #2 _____

2025 Gloria Garza Summer Recreation Program



Release Form

Signing below parent/guardian agrees to the conditions included on this form:

Name of Parent/Guardian(Printed) _____

Signature of Parent/Guardian _____ Date _____

Town of Mesilla Recreation Program – MEDICAL REFERRAL CARD

Please indicate if child has had or is currently under treatment for any of the following conditions.

- | | | |
|---|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Ear/Hearing Problems |
| <input type="checkbox"/> Emotional Problems | <input type="checkbox"/> Seizures | <input type="checkbox"/> Heart Problems |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Meningitis | <input type="checkbox"/> Migraine Headaches |
| <input type="checkbox"/> Bleeding Disorders | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Muscular Weakness or Paralysis |
| <input type="checkbox"/> Infectious Disorders | <input type="checkbox"/> Tetanus Shot (Last Date _____) | |
| <input type="checkbox"/> Other: _____ | | |

- | | |
|--|--|
| <input type="checkbox"/> Allergies? _____ | <input type="checkbox"/> Long-term Medications: _____ |
| <input type="checkbox"/> Use of Contact Lenses? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Hospitalized for serious illness, surgery or accident: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Have you ever been informed of the need to be on antibiotic therapy prior to dental treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> If yes, identify required therapy. _____ | |
| <input type="checkbox"/> Please add any problems not listed: _____ | |

If, in the opinion of the recreation supervisors, service involving medical attention or treatment is required and the parent cannot be contacted for consent, the parents hereby authorize Town of Mesilla employees to obtain medical service for or transport for medical service for the child listed on this form. Nothing in this section shall be construed to impose liability on any Town of Mesilla employee who, in good faith, attempts to comply with this section. It is understood that I will be financially responsible for all emergency care.

Signature of Parent/Guardian _____ Date _____

Note: Parents are responsible for notifying the Town of Mesilla about any change of information contained on this card.

PLEASE RETURN IMMEDIATELY

(Over)

Child's Name (LAST)	(FIRST)	(M.I.)	Home Phone
---------------------	---------	--------	------------

SS#	Birthdate
-----	-----------

Street Address, City, State, Zip

Father's Name	Place of Employment	Work Phone	Home Phone	Cell Phone
---------------	---------------------	------------	------------	------------

Mother's Name	Place of Employment	Work Phone	Home Phone	Cell Phone
---------------	---------------------	------------	------------	------------

Please give us the names of your family Health Care Provider and family dentist to be called in case your child becomes ill or has an accident while at recreation and you cannot be reached.

Health Care Provider/Phone	Dentist/Phone
----------------------------	---------------

Hospital Preference ☐ Memorial Medical Center ☐ Mountain View

Insurance Information: Please check all that apply.

☐ Health Insurance? Company _____ ☐ Medicaid/Salud? HMO _____ ☐ No Insurance

Please give us the names of two relatives or friends who will assume responsibility for your child in case of illness or accident until you can be reached. Please notify these persons of these arrangements. In case of any changes to the names of these persons, please notify the Town of Mesilla recreation program in writing.

1. Name	Address	Work Phone	Home Phone	Cell Phone
---------	---------	------------	------------	------------

2. Name	Address	Work Phone	Home Phone	Cell Phone
---------	---------	------------	------------	------------

(Over)

Photo Release Form

I grant the Town of Mesilla permission to use my child's likeness in a photograph in any publications, without payment or other consideration.

I understand and agree that these materials will become property of the Town of Mesilla and will not be returned.

I authorize the Town of Mesilla to edit, alter, copy, exhibit, publish, or distribute this photo for the purposes publicizing the Town of Mesilla. In addition, I waive the right to inspect or approve the finished product, including written and electronic copy, wherein your child's likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I have read this release before signing below for my child and I fully understand the contents, meaning, and impact of this release.

I certify that I am the parent or guardian of (child/children's name), and do give my consent without reservation to the foregoing on behalf of this person.

(PRINTED Parent/Guardian Name)

(SIGNATURE of Parent/Guardian)

(Date)