

# 2026 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 2026 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 1<sup>st</sup> through July 9<sup>th</sup> 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.

# 2026 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: _____         |   |   |

- Allergies? \_\_\_\_\_  Long-term Medications: \_\_\_\_\_
- Use of Contact Lenses? Yes No  Hospitalized for serious illness, surgery or accident: Yes No
- Have you ever been informed of the need to be on antibiotic therapy prior to dental treatment? Yes No
- If yes, identify required therapy. \_\_\_\_\_
- 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)