

MY Denver Card

Denver Mayor Michael B. Hancock and the City and County of Denver are committed to increasing access to city recreation, education and health programs and services for children and youth. All school-aged children (ages 5-18), who reside in Denver are eligible to receive a MY Denver Card. Cards will be issued by Denver Parks and Recreation. In order for your child to participate in the MY Denver Card program, the child's parent/legal guardian must fill out and sign the form below, submit proof of residency and return the information to any Denver recreation center. The card/s will be issued on site. There will be one application per family.

A. REQUIRED PARENT/GUARDIAN INFORMATION

Parent's/Guardian's Name (First Name, Last Name): _____

Parent Date of Birth: ____/____/____

Primary Phone Number: _____ Alternate Phone Number: _____

Child's Home Address: _____

a. Apt #: _____

b. City, State, Zip Code: _____

Emergency Contact for the Child (First Name, Last Name): _____

Emergency Contact Phone Number: _____

B. REQUIRED CHILD INFORMATION

The child(ren) below are Denver Public School students: ☐ Yes ☐ No

					Staff Only:
Child Name (First, Middle, and Last Name)	Date of Birth	Gender (M/F)	Grade	School	MY Denver Membership #
1.					
2.					
3.					
4.					

C. MEDIA INFORMATION

- ☐ Yes, I give the City my permission to photograph my child for the purpose of developing promotional materials for the MY Denver Card Program.
- ☐ No, the City may not use, or photograph my child to develop promotional materials for the MY Denver Card Program.

Signature of Parent/Guardian: _____ Date: _____

The undersigned City representative agrees not to further disclose the child's information as required under the applicable state and federal law.

(Print Name)

(Signature)

(Date)

PARKS AND RECREATION WAIVER OF LIABILITY

In consideration of being permitted to participate in any program or activity offered by the City and County of Denver's Department of Parks and Recreation (DPR), I do hereby, for myself, my heirs, and administrators, waive and release any and all claims I may have against the City and County of Denver, its employees, various sponsoring agencies, as well as paid and non-paid volunteers. Although I understand that a physician examination is not required for registration, it is highly advisable that I consult with a physician before participating in athletic and strenuous activities. I have read this form and understand its content and request participating in programs offered by DPR.

Signature of Parent/Guardian: _____

LIBRARY CARDHOLDER STATEMENT OF RESPONSIBILITY

I understand that, as the responsible parent/guardian, I am liable for any lost or damaged materials checked out to my child's Denver Public Library account and agree to report any loss or theft of the card to the Library immediately. Children under the age of 13 must have a parent present photo identification to activate library card.

Signature of Parent/Guardian: _____

