SUMMERTIME FUN CLUB REGISTRATION

M ☐ F ☐

Participant Name ↑ | Age | Birthdate | Gender (circle)

Home Address ↑ | Apt. # | PO Box | City | Zip

Home Phone ↑ | Work/Cell Phone | Grade Level (entering 2014) | School

EMERGENCY/MEDICAL INFORMATION

Emergency Contact Name | Home Phone | Work/Cell Phone | Relationship

Physician | Medical Group | Phone #

Insurance Carrier | Coverage Number

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List Allergies & Special Medical Conditions | Tee shirt size (circle one)

AGREEMENT, WAIVER, AND RELEASE FOR MINOR

In consideration for being permitted by the City of Woodland Parks and Recreation Department to participate in the above activity, I the UNDERSIGNED, certify that I have custody or am the legal guardian of said minor by court order, and I agree to be bound by the following:

1. Participation in Program: The Summertime Fun Club provides a variety of Activities for Children including, but not limited to, contact sports, playing on playground equipment, walking to other parks and swimming pools, arts and crafts, social activities, active games and quiet games. Some hazards associated with these activities include but not limited to, injuries associated with contact sports and swimming, injuries associated with playing on playground equipment, sun burn, heat exhaustion, insect bites, bee stings, and minor injuries associated to using scissors, game equipment and various other supplies and materials.

2. Condition of Program: I understand that the above mentioned programs are not child care, but are considered by the State of California to be drop-in recreational programming whereby parents must be clearly informed that children are not there to receive structured care and supervision. Children have the right to come and go from facility and staff will not supervise them to prevent them from leaving.

3. Medical Attention: I hereby give my consent that in the event said minor requires medical treatment while under the supervision of said department's personnel in connection with the described activity, such supervisor may authorize treatment. I also agree to pay all medical, hospital, or other expenses which said minor may incur as a result of such treatment.

4. Waiver, Release, and Indemnification: I hereby waive, release, and discharge any and all claims in advance against the above department (its officers, employees, and agents) from and against any and all liability arising out of or connected in any way with said minor's participation in said activity, even though that liability may arise out of negligence or carelessness on the part of said department (its officers, employees, or agents) for damages for personal injury, death or property damage which I or said minor may have or which may hereafter accrue as a result of participation in said activity. It is understood and agreed that this waiver, release, and assumption of risks is to be binding on the heirs and assigns of said minor and the undersigned. I further agree to reimburse or make good any loss or damage or cost that the above department (its officers, employees, or agents) may have to pay if any litigation arises on account of any claim made by said minor or by anyone on behalf of said minor..

5. Transportation: I hereby expressly permit said minor child to travel by public transportation, city vehicle, or private automobile to activities and events related to the above described activity.

6. Promotion: I hereby give consent to the said department to photograph said minor. I understand the pictures may be included in program scrapbooks, and/or in the promotion of City recreation programs in the newspaper, slide shows, or other media. _____Initial to opt out

Signature | Date

Parent/Guardian Name (Print) | Best Phone #

Name of second Parent/Guardian (Print) | Best Phone #

I have carefully read this Waiver or Liability, Medical Release, and Indemnification Agreement and fully understand its contents. I am aware that this is a release of Liability and a contract between myself and the above department and I sign it of my Free Will.

*****NO REFUNDS PROCESSED AFTER THE END OF PROGRAM*****