## Medical Emergency Release

In the event of sudden illness, accident or injury which may occur while said minor is engaged in activity supervised by the representatives, agents or assignees, when neither the parents, guardian or designated family physician can be contacted, I hereby give my consent pursuant to California Civil Code #25.8 for emergency treatment as shall be necessary under circumstances by any physician licensed under the Laws of the State of California in consideration of my or my child's participation in the activity, I hereby release and discharge the City of Carlsbad (which includes its officers, employees, agents, and elected and appointed officials) from any and all claims for personal injury.

SIGNATURE _____ DATE _____

Family Physician _____ Phone _____

Insurance Company _____

Pertinent medical history information (Epilepsy, diabetes, allergies, etc.) ____ Yes ____ No. If yes, explain: _____

_____

Parent Emergency Phone # _____ In case of emergency (if parent cannot be contacted) please notify:

Name _____ Phone _____

Name _____ Phone _____

My child takes the following medications on a regular basis:

Medicine _____ Time Given _____ Dosage _____

Staff is not permitted to dispense any medication not prescribed by a physician. A physician's note must accompany the medication that is to be dispensed.

CITY OF CARLSBAD

**T·R·U·S·T**
**Program**

*Teaching Respect, Unity, and Sportsmanship through Teamwork*

**MISSION STATEMENT**

In our continuing effort to create community through people, parks and programs, the Recreation Department will strive to provide quality activities that are safe, fair and enriching for all of it's participants, spectators and administrators. This philosophy will be implemented through the

**T.R.U.S.T. Program,**

which focuses on Teaching Respect, Unity and Sportsmanship through Teamwork.

**COMMUNITY EXPECTATIONS**

The Carlsbad Recreation Department requires it's staff, participants, spectators and neighbors to recognize the following expectations in order to maintain a healthy community.

We **T.R.U.S.T.** that you will:

Maintain a safe and positive environment

Treat every individual with courtesy and respect

Honor the rules established for each activity

Demonstrate fair play and sportsmanship at all times

To be a part of our **T.R.U.S.T.** program as an individual, organization or corporate sponsor, please contact Gian Lauro, Recreation Area Manager at 602-4691.

The City of Carlsbad Recreation Department would like to thank the following organizations for their generous donations:

CARLSBAD **Police Officer's** ASSOCIATION

OCEANSIDE ELKS LODGE #1561

## Non-Discrimination Policy

Carlsbad's Nondiscrimination Policy allows access for all residents wishing to participate in the Recreation Department's programming. The City of Carlsbad and the Recreation Department prohibit discrimination on any basis protected under state or federal law in the administration of, or providing access to its programs or activities.

The City of Carlsbad encourages individuals with disabilities to participate in its programming. Citizens with a hearing impairment can utilize the services of California Relay Services for the hearing impaired (C.R.S.). C.R.S. personnel can be reached to relay your recreation inquiries to us in the Recreation Department by dialing (760) 602-2440.