

# City of Carlsbad • Parks & Recreation Summer 2012 Registration Form

PLEASE PRINT IN INK AND FILL OUT COMPLETELY

This form, which includes the City's Liability Waiver, has two sides and must be filled out completely, signed and returned before the activity start date or participation will not be allowed. Thank you for your cooperation.

## Primary Adult Contact

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HM PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WK PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

CHECK HERE IF YOU PREFER NOT TO RECEIVE OUR ELECTRONIC MAILINGS

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

## Activity Registration

ACTIVITY #	ACTIVITY NAME	PARTICIPANT'S FULL LEGAL NAME (1st & Last)	DOB	M/F	DAY	TIME	LOCATION	START DATE	FEE

## Preschool Registration

1st choice									
2nd choice									
Class currently enrolled in									

Total Fees \$ \_\_\_\_\_

**Yes! You can make a difference! My Opportunity Grants donation \$ \_\_\_\_\_**

**TOTAL \$ \_\_\_\_\_**

Do you require any special accommodations to participate in the program you are interested in? If so, please check here.  

## Release From Liability and Indemnification (Please read before signing.)

I agree to release and hold harmless the City of Carlsbad, including its officers, employees, agents, volunteers, and elected and appointed officials; collectively "Released Parties," from any claims, causes of action, damages, losses, liabilities, or expenses, including reasonable attorney fees and court costs, for any personal injury, property damage or death arising out of me or my child's participation in any City of Carlsbad Parks and Recreation, program, activity and/or event, regardless of whether the personal injury, property damage or death was caused by any negligent act or omission of the Released Parties. I understand that by signing this release I am releasing all of the Released Parties from any liability resulting from me or my child's participation in any City of Carlsbad Parks and Recreation program, activity and/or event. I further understand and recognize that these programs, activities and events may be dangerous to me or my child and knowingly accept those risks or dangers. I understand that if I am or my child is injured, this Release will be used against me and anyone else claiming damage(s) due to me or my child's injury in any legal action or claim. I also understand and agree that no City elected official, officer, employee, volunteer, or agent is authorized to modify this release and hold harmless agreement. I certify that I have personally read and understand this Release and hold harmless and further agree that this release shall be valid for one year from the original signature date. I may revoke this release in writing and by delivering the written revocation to the Park and Recreation Director. Revocation of this Release shall be grounds to terminate you or your child's participation in City of Carlsbad Park and Recreation programs, activities, and events.

**SIGN HERE >>** SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## Method of Payment

**SIGN HERE >>** SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Cash  Check: Make checks payable to "City of Carlsbad."  Charge

Get registration information, refund policy and mailing addresses for community centers at [www.carlsbadca.gov/parksandrec](http://www.carlsbadca.gov/parksandrec)

Visa/MasterCard # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Note: Please refer to the website for the refund policy. \$20 check processing fee for refunds granted. \$35 service charged for all returned checks.

**PLEASE COMPLETE BOTH SIDES OF FORM**

# Registration

PARTICIPANT NAME: \_\_\_\_\_

ACTIVITY: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GENDER: \_\_\_\_\_

## Medical Emergency Release: Authorization and Consent of Parent(s) or Legal Guardian(s)

Pursuant to California Family Code §6910, I am a parent or legal guardian having legal custody of the minor child identified above, and do hereby authorize the City of Carlsbad, its officers, employees, agents, representatives, and assignees, whose care such minor child has been entrusted, to consent to any examination, X-ray examination (or similar examination such as by CAT scan), anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the California Medical Practice Act or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor by a dentist licensed under the provisions of the California Dental Practice Act. I agree to pay any and all costs for the foregoing care. In consideration of my child's participation in the sponsored activity, I hereby release, hold harmless, and discharge the City of Carlsbad, its elected official, officers, employees, agents, representatives, and assignees from any and all claims for personal injuries and damages.

This authorization is effective on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, and shall be valid for one year.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**SIGN HERE >>** PARENT/GUARDIAN #1'S SIGNATURE \_\_\_\_\_

PARENT/GUARDIAN #2'S SIGNATURE \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Dentist Name \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist Address \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Pertinent medical history information (Epilepsy, diabetes, allergies, etc.) \_\_\_Yes \_\_\_No. If yes, explain:

Parent/Legal Guardian Emergency Phone # \_\_\_\_\_

In case of emergency (if Parent/Legal Guardian cannot be contacted) please notify:

Name \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone \_\_\_\_\_

My child takes the following medications on a regular basis: \_\_\_\_\_

**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.**

Name of Child \_\_\_\_\_

Medicine \_\_\_\_\_ Time Given \_\_\_\_\_ Dosage \_\_\_\_\_

## Photographic Release

I permit the Parks and Recreation Department to use and publish photographs and/or videotapes of me and/or my children for purposes of presenting recreation activities to the community and to promote the recreation program to prospective clients and/or participants. I also give permission to release such photographs and/or videotapes to the news media in support of the program.

\_\_\_\_\_(Please Initial) << **INITIAL HERE**

## Code of Conduct Release



The City of Carlsbad Parks and Recreation Department encourages a safe and healthy atmosphere by supporting an environment free from: Drugs or Alcohol, Violence, Intimidation, or Harassment, Gambling or Solicitation, Profanity, or Abusive Language, Vandalism or Property Damage. This code of conduct applies to all participants, spectators, visitors, facility users, organizations or groups, staff and volunteers in any and all Carlsbad Parks & Recreation Department Activities, Programs, Field and Facility Uses.

Violation of this Code of Conduct may result in disciplinary action up to and including immediate and permanent expulsion from Carlsbad Parks & Recreation Programs, cancellation of any facilities or field reservations, forfeiture of any and all fees, and financial or other restitution for any damage. Acts conducted by a minor are the responsibility of the parent or guardian. I have read and agree to abide by the City of Carlsbad's Code of Conduct and accept responsibility for any acts on behalf of my child in violation of this code.

\_\_\_\_\_(Please Initial) << **INITIAL HERE**

**HAVE YOU SIGNED IN THREE PLACES AND INITIALED IN TWO PLACES? YOUR FORM IS NOT COMPLETE UNTIL YOU DO.**