



CITY OF NEEDLES

PROGRAM SIGN-UP & RELEASE FORM

Department: _____ Program Date: _____ Time: _____

After School
 Special Events
 Day Camp
 Contract Class
 Aquatics
 Sports
 Please Circle Shirt Size for Sports
 Child / Youth / Adult
 S
 M
 L
 XL

Type: _____ School: _____

Name: _____ Age: _____ D.O.B. _____ Grade: _____

Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY CONTACT: Call me when my child leaves Yes No

Mother's Name: _____ Wk. Phone: _____ Cell Phone: _____

Father's Name: _____ Wk. Phone: _____ Cell Phone: _____

Guardian: _____ Wk. Phone: _____ Cell Phone: _____

Permission to Walk Home Yes No Time allowed to leave: _____ p.m.

What address will they be walking to: _____

If the participant has any physical or medical problems or is required to take any medication or has any allergies, please explain: _____

Release and Hold Harmless

I hereby waive, release and discharge any and all claims for damages for personal injury, death or property damage which my son/daughter may have, as a result of participation in the City Recreation Programs. This release is intended to discharge in advance the City of Needles (its officers, employees, and agents), from any and all liability arising out of, or connected in any way with participation in said activity. It is understood that this activity involves an element of risk and danger of accidents, and knowing those risks I hereby assume those risks. I agree to indemnify and to hold the above persons of entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of the death or injury of my son/daughter, or property damage that he/she may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND REALEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CITY OF NEEDLES PROGRAMS AND I AM SIGNING IT OF MY OWN FREE WILL.

THIS ALSO CERTIFIES THAT IN MY ABSENCE, I AUTHORIZE AND INSTRUCT A REPRESENTATIVE OF THE CITY OF NEEDLES STAFF, TO TAKE MY SON / DAUGHTER TO THE NEAREST MEDICAL FACILITY AND OBTAIN MEDICAL SERVICES FROM A STATE-LICENSED MEDICAL CARE PRACTIONER.

Parent / Guardian Signature: _____ **Dated:** _____

Relationship to participant: _____ **PROGRAM COST:** _____

Date Paid:	Qty	Ck.#	Cash	Receipt #