

# EMERGENCY CARD AND WAIVER FORM

Program Name: \_\_\_\_\_

Participant's Name: First: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Birth Date:      /      /

Parent/Guardian 1: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Status: ☐ Married    ☐ Divorced    ☐ Legal Guardian    ☐ Caregiver

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian 2: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Status: ☐ Married    ☐ Divorced    ☐ Legal Guardian    ☐ Caregiver

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## EMERGENCY CONTACTS WITH PERSONS **AUTHORIZED** TO PICK UP PARTICIPANT (must be local)

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Alternate #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Alternate #: \_\_\_\_\_ Relationship: \_\_\_\_\_

## PERSONS **NOT AUTHORIZED** TO PICK UP PARTICIPANT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

## INDEPENDENT DISMISSAL

Youth may be allowed to sign themselves in and out of the program, however, we require parent's/guardian's consent to do so.

☐ No, my child may not sign himself/herself in and out      Yes, my child may sign himself/herself: ☐ in and/or ☐ out

**Signature of parent/guardian if permission is given ==>**

## MEDICAL HISTORY

Allergies: ☐ Pollen    ☐ Hay Fever    ☐ Bee Stings    ☐ Other Insect    ☐ Foods    ☐ Other allergies    ☐ Carries Bee Sting/Epinephrine Kit

List other allergies here: \_\_\_\_\_

List dietary restrictions here: \_\_\_\_\_

List current medications and purpose: \_\_\_\_\_

Please explain any other health conditions your child may have; e.g., ADHD: \_\_\_\_\_

Does your child require special accommodations? ☐ No    ☐ Yes; please explain: \_\_\_\_\_

*Please contact the Recreation Coordinator two weeks prior to the start of the program if special accommodations are required*

☐ I have completed the **"Waiver of Liability & Photo Release"** on the other side of this registration form



**IMPORTANT**

## WAIVER OF LIABILITY & PHOTO RELEASE

In consideration of participation in a class or activity offered by the City of Sunnyvale Department of Library and Community Services—Community Services Division, I, the undersigned and the parent/guardian of the Minor named on the other side of this document (hereinafter, “Minor”), hereby agree to allow the Minor to participate in this class or activity and agree to indemnify and hold the City of Sunnyvale harmless and hereby waive, release and discharge any and all claims for damage, for death, personal injury, bodily injury or property damage which Minor and/or I may have or which hereinafter may accrue to Minor and/or myself against the City of Sunnyvale, its City Council, employees, agents, volunteers, independent contractors, and instructors from and against any liability arising out of or connected in any way with Minor’s participation in this class or activity, even though that liability may arise out of negligence or carelessness on the part of the person or entities mentioned above.

I understand that accidents and injuries can arise from participation in this class or activity; knowing the risks, nevertheless, I hereby agree to assume those risks on behalf of Minor and/or myself and to release and to hold harmless all of the persons or entities mentioned above whom (through negligence or carelessness) might otherwise be liable to Minor and/or myself (or Minor’s and/or my heirs or assignees) for damages. It is further understood and agreed that this waiver, release and assumption of risks has been freely entered into and is to be binding on Minor’s and/or my heirs and assigns.

I have read and agree to the registration and program policies. Further, I agree to allow use of my image and/or that of the named minor, which may be captured through video, photo, digital camera or other media, for City of Sunnyvale promotional materials and publications. By my signature below, I acknowledge that I have read this document and understand its contents.

 Parent/Guardian Name (printed): \_\_\_\_\_

 Parent/Guardian Signature: \_\_\_\_\_

 Date: \_\_\_\_\_