CITY of OAKLEY

REGISTRATION FORM

Participants Name: _____

Program Name:	Program Number:	Oakley Resident:	Age/Grade:	Program Fee:
			Total:	

Parent/Guardian (If under 18): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____ Mobile Phone: _____

E-mail Address: _____

Please make checks payable to The City of Oakley 3231 Main St. Oakley, CA 94561

(Return check fee of $36.00 will be automatically charged to the liable guardian or participant of said activity)

As the parent/guardian of a minor participating in the City of Oakley's Recreation Programs, Field Trip and Services, I recognize and acknowledge that there are certain risks of physical injury. This Waiver, Release and Indemnity Agreement is intended to discharge in advance the City of Oakley, the Oakley Union School District, the Liberty Union High School District and its officers, employees, volunteers, and agents from any and all liability arising out of or connected in any way with myself or my child/ward's participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is further agreed that this Waiver, Release and Indemnity Agreement is to be binding on my heirs and assignees. I agree to assume the full risk of any injuries, damages or loss that I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with each activity. I additionally agree to indemnify the City against any claims or rights of action for damages which I or the minors has/have before or after they reach age of majority. I further agree that certain marketable information may be used in accordance with State Laws and regulations. Such items include: e-mail addresses, photos and press releases that include statements made by myself or my child/ward in publication of said activities. In the event of any emergency, I authorize City Officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate and emergency care if it be deemed to sustain life. I also agree that I will be responsible for payment of any and all medical services rendered. In case of an emergency during activities

In case of emergency whom should we contact?

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Physician: _____ Insurance Carrier: _____ Group Number: _____

Additional Information/ Special Accommodations: Does your child take any medications or have any allergies or other health problems we should be aware of? If yes, please explain:

_____

_____

_____

* I agree to all of the above conditions; and
* I understand that I am subject to dismissal from participation of said activity for inappropriate and disrespectful behavior.
* I understand that my or my child's/ wards enrollment is subject to dismissal due to certain violations of the Recreation Division's program code of conduct (available for viewing in the Recreation Division main office.)
* I have read and fully understand the above Waiver, Release and Indemnity Agreement and Permission to Secure Treatment.

Participant/ Guardian Signature: _____ Date: _____