



CORTE MADERA  
 PARKS & RECREATION DEPARTMENT  
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## 2010 SUMMER PLAYGROUND PROGRAM PERMISSION FORM (SIDE 1)

My child(ren):

\_\_\_\_\_ D.O.B. \_\_\_\_\_

\_\_\_\_\_ D.O.B. \_\_\_\_\_

\_\_\_\_\_ D.O.B. \_\_\_\_\_

Has/have my permission to attend Summer Playground Program with the Town of Corte Madera Recreation Leaders during the program hours of 7:30 a.m. to 6:30 p.m. at Town Park June 21 - August 13, 2010 and/or San Clemente June 21 - August 6, 2010.

**BOTH SITES WILL BE CLOSED FRIDAY, JULY 2ND AND MONDAY, JULY 5TH.**

To register for fieldtrips, please use the appropriate forms.

Note: Occasionally, Recreation Leaders will take groups of 10-20 children on a "local" trip, i.e. a tour of the Corte Madera Firehouse, a hike at "Dark Park" in Larkspur, to the Library, berry picking, etc. These trips are all within a 1-2 mile radius of Town Park. By signing this form you are granting permission for your child(ren) to participate in these short trips.

In consideration of acceptance of my application for my child's entry for an event, I hereby waive, release and discharge any and all claims for damages, death, personal injury, or property damage which I or my child may have, or which may hereafter accrue to me or my child as a result of my child's participation in the said event. This release is intended to discharge in advance the promoters, sponsors, the promoting clubs, the officials, and any involved municipalities or other public entities (and their respecting agents and employees) from and against any and all liability arising out of or connected in any way with my or my child's participation in the said event, even though liability may arise out negligence or carelessness on the part of the persons or entities mentioned above, including their passive or active negligence.

I further understand that serious accidents occasionally occur in the events described above; and that participants in said events occasionally sustain mortal or serious injuries, and/ or property damage, as a consequence thereof. Knowing the risks of said events, nevertheless, I, my child, and I on behalf of my child hereby agree to assume those risks and to release and hold harmless all the persons or entities mentioned above who (through passive or active negligence or carelessness) might otherwise be liable to me or my child (or to my child's heirs or assigns) for damages.

- In case of emergency medical services required, I understand and agree that my child can be treated by medical staff and taken to a medical facility if necessary.
- It is further understood and agreed that this waiver, release and assumption of risks is to be binding on me and my child's heirs and assigns.
- I and my child agree to accept and abide by the rules and regulations of the Town of Corte Madera and all other entities which have involvement in these events.

Signature of Parent or Legal Guardian

Date

The BEST number to reach me by during the day is ( ) \_\_\_\_\_

SEE PAGE 2



PARENT/GUARDIAN: 1. \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ OTHER \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PARENT/GUARDIAN: 2. \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ OTHER \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

1. CHILD'S NAME \_\_\_\_\_ Does this child have allergies, special needs, or an I.E.P. plan?

Yes  No

Briefly explain or attach info: \_\_\_\_\_

2. CHILD'S NAME \_\_\_\_\_ Does this child have allergies, special needs, or an I.E.P. plan?

Yes  No

Briefly explain or attach info: \_\_\_\_\_

3. CHILD'S NAME \_\_\_\_\_ Does this child have allergies, special needs, or an I.E.P. plan?

Yes  No

Briefly explain or attach info: \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

EMERGENCY CONTACT(S) OTHER THAN PARENT/GUARDIAN

1. FIRST & LAST NAME \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ OTHER \_\_\_\_\_

2. FIRST & LAST NAME \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ OTHER \_\_\_\_\_

PERSONS ALLOWED TO PICK MY CHILD(REN) UP FROM SUMMER PLAYGROUND:

First Name	Last Name	First Name	Last Name

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

I hereby certify that all statements and information provided herein or otherwise by me in registering for a program with the Town of Corte Madera Recreation Department are true and correct. I understand that any misstatement or omission of material fact may be justification for expulsion from recreation programs.

PAYMENT: CHECK/ CASH OR M.O. \_\_\_\_\_ PROOF OF CALWORKS/MARIN CHILD CARE \_\_\_\_\_

CREDIT CARD # \_\_\_\_\_ EXP \_\_\_\_\_

NAME ON CARD \_\_\_\_\_