

LCC JW M

START DATE _____ CLASSROOM # _____

KIDS' CLUB 2019-2020 REGISTRATION FORM

TO BE COMPLETED BY PARENT OR GUARDIAN.

PARTICIPANT'S (LAST) NAME (FIRST) SEX BIRTHDATE GRADE

PARTICIPANT'S ADDRESS CITY STATE ZIP

DOES THE PARTICIPANT HAVE ANY ALLERGIES? YES NO (IF YES, PLEASE EXPLAIN):

DOES THE PARTICIPANT HAVE ANY MEDICAL CONDITIONS OR SPECIAL NEEDS? YES NO (IF YES, PLEASE EXPLAIN):

PHYSICIAN AND DENTIST INFORMATION

PHYSICIAN	ADDRESS	MEDICAL PLAN & NUMBER	PHONE
DENTIST	ADDRESS	MEDICAL PLAN & NUMBER	PHONE

PARENT/GUARDIAN INFORMATION

PARENT/ 1: _____ GUARDIAN (LAST, FIRST) RELATIONSHIP TO PARTICIPANT: _____ ADDRESS: _____ _____ PHONE NUMBER 1: _____ C W H PHONE NUMBER 2: _____ C W H PHONE NUMBER 3: _____ C W H EMAIL ADDRESS: _____ AUTHORIZED TO MAKE CHANGES TO REGISTRATION FORM: Y N	PARENT/ 2: _____ GUARDIAN (LAST, FIRST) RELATIONSHIP TO PARTICIPANT: _____ ADDRESS: _____ _____ PHONE NUMBER 1: _____ C W H PHONE NUMBER 2: _____ C W H PHONE NUMBER 3: _____ C W H EMAIL ADDRESS: _____ AUTHORIZED TO MAKE CHANGES TO REGISTRATION FORM: Y N
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ADDITIONAL PERSONS WHO MAY PICK UP OR BE CALLED IN EMERGENCY (CHILD WILL NOT BE ALLOWED TO LEAVE WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR GUARDIAN)

NAME	RELATIONSHIP	PHONE NUMBER	EMERGENCY CONTACT

KIDS' CLUB 2019-2020

CHECK PROGRAM & DAYS PARTICIPANT WILL BE ATTENDING:

<input type="checkbox"/> JOSEPH WIDMER	<input type="checkbox"/> LATHROP COMMUNITY CENTER	<input type="checkbox"/> MOSSDALE
BEFORE SCHOOL (ALL LOCATIONS)	<input type="checkbox"/> 3 DAY M T W T H F <input type="checkbox"/> 5 DAY M T W T H F	KINDER-CLUB AM (JOSEPH WIDMER ONLY) <input type="checkbox"/> 3 DAY M T W T H F <input type="checkbox"/> 5 DAY M T W T H F <input type="checkbox"/> COMBO M T W T H F
AFTER SCHOOL (JOSEPH WIDMER & MOSSDALE)	<input type="checkbox"/> 3 DAY M T W T H F <input type="checkbox"/> 5 DAY M T W T H F	KINDER-CLUB PM (JOSEPH WIDMER ONLY) <input type="checkbox"/> 3 DAY M T W T H F <input type="checkbox"/> 5 DAY M T W T H F <input type="checkbox"/> COMBO M T W T H F

AUTOMATIC BILL PAYMENT AUTHORIZATION

I authorize the City of Lathrop to debit my VISA/ Master Card/American Express/ Discover account listed for payments related to the program listed above. I understand that I control my payments, and if at any time I decide to discontinue this payment service, I will notify the City of Lathrop, Parks and Recreation Department in writing prior to the tenth of the month. I require no additional notices prior to action being taken on the authorization.

Initial

By signing the agreement, you are stating that you have read, understand and will abide by the **RULES AND REGULATIONS** stated in the Camp Lathrop Parent Packet.

Initial

AGREEMENT, WAIVER AND RELEASE

I understand the risks involved by participating in the above activity for which I am registering, and in consideration for being permitted by the City of Lathrop to participate in the above activity, I hereby waive, release and discharge the City, its agents, volunteers, officers, and employees (hereinafter collectively "City") from any and all claims for damages for any loss, including but not limited to, personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of my participation in said activity. This release is intended to discharge in advance the City from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the released parties referenced as "City" above. I understand that this activity involves risk and danger of accidents and knowingly assume those risks by my signature below. It is further agreed that this waiver, release and assumption of risk is to be binding on my relatives, heirs and assigns. I agree to indemnify and to hold the City free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or injury or property damage that I may sustain while participating in said activity. I hereby consent to allow my picture or likeness to appear in any official document, sponsor advertisement, or other coverage of the City of Lathrop in any manner incidental to my participation in the recreational activity without compensation to me.

PARENTAL CONSENT: (MUST be completed and signed by parent/guardian if applicant is under 18 years of age). I hereby consent that my child participate in the above activity and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. In addition, I hereby consent to allow the picture or likeness of my child to appear in any official document, sponsor advertisement, or other coverage of the City of Lathrop in any manner incidental to my participation in the recreational activity without compensation to me or my child.

PARENT OR GUARDIAN PRINT

SIGNATURE

DATE