



# KID CENTRAL/TEENS 2017-2018 SUMMER CAMP EMERGENCY INFORMATION FORM



Child's Name (Last, First, Middle Initial)	Check Program: <input type="checkbox"/> Teen Center <input type="checkbox"/> Kid Central	Date of Birth
Home Address	City	Age
	Zip	Grade in 2017-2018
Name of Parent/Guardian Completing Form	Relationship to Child	Gender (Optional) <b>Male    Female</b>

**PARENT/GUARDIAN INFORMATION**  
*PLEASE NOTE: Parents or Guardians listed on this form may pick up child from program      Phone numbers will be called in order listed*

Parent/Guardian's Name	Relationship to Child	1 <sup>st</sup> Phone
Home Address	City	2 <sup>nd</sup> Phone
	State	3 <sup>rd</sup> Phone
Employer	Zip	Email

Parent/Guardian's Name	Relationship to Child	1 <sup>st</sup> Phone
Home Address	City	2 <sup>nd</sup> Phone
	State	3 <sup>rd</sup> Phone
Employer	Zip	Email

**PERSONS AGE 18 OR OLDER WHO MAY BE CALLED IN EMERGENCY AND/OR PICK UP CHILD**

Name of Adult	Relationship to Child	Day Phone	Call		Pickup	
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No

**MEDICAL INFORMATION IN CASE OF EMERGENCY (will call 911 when necessary)**

Physician Name	Phone	Dentist Name	Phone
Local Hospital Preferred for Emergency Treatment	Child's Medical Insurance Company	Medical Insurance Number	
Medication(s) child currently taking			
<input type="checkbox"/> Allergies, if checked, please list		<input type="checkbox"/> Dietary Restrictions, if checked, please list	
<input type="checkbox"/> Accommodations Requested, if checked, please list			
Other concerns or behavior issues			

**HOLD HARMLESS AGREEMENT**

The participant, or participant's guardian if participant is under 18, shall indemnify, hold harmless and defend the District and its elected officials, employees, agents, volunteers, and any co-sponsor of this activity (collectively, "District"), against all liability (including without limitation court costs and attorneys' fees), claims, losses, demands or actions for injury to or death of any person(s), or damage to property relating to or arising from his or her participation in the activity designated in this notice. The District has no medical insurance for participants, and any injury to, or caused by, the participant will be the participant's sole and exclusive responsibility. The participant, or participant's guardian if actual participant is under 18, acknowledges that the District reserves the right to photograph participant during the activity designated in this notice for future publicity or promotion use only.

A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM OR HER MUST HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR. The undersigned hereby waive all rights and protections otherwise available to them under Civil Code § 1542. The undersigned, by signing below, acknowledges that s/he has read and understands this notice and, if signing on behalf of a participant under the age of 18, attests that s/he is that participant's legal guardian.

I have read and understand this notice. I have read and I understand the terms of the 2017-2018 Registration Contract and the 2017-2018 Parent Handbook and I am signing below as an indication of my intent to have my child, \_\_\_\_\_, participate in Cosumnes CSD Parks & Recreation Department's Kid Central/Teens Summer Camp program. *(child's first and last name)*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ **THIS FORM APPLIES TO 2017 SUMMER CAMPS ONLY**