

**CITY OF EL MONTE AFTER SCHOOL PLAYGROUNDS  
YOUTH SPORTS PROGRAM 2008-2009**

Registration for the City of El Monte After School Sports Program are being taken. You may register immediately after school throughout the school year. Children residing in El Monte, attending school outside of the city, are eligible to sign-up at a participating school site. Each Child receives a free T-shirt the first time they join (One time per year) Additional T-shirts available at \$10.00. If you wish your child to participate, please complete the waiver form below and return it signed and completed along with the \$15.00 player fee to the Recreation Leader at your Playground.

*Please detach and return this permission slip along with \$15.00 to the Recreation Leader at your site.*

SITE ATTENDING: \_\_\_\_\_ GRADE \_\_\_\_\_ GENDER: \_\_\_\_\_

PARTICIPANT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
First Last

NAME OF FATHER OR GUARDIAN: \_\_\_\_\_  
First Last

NAME OF MOTHER OR GUARDIAN: \_\_\_\_\_  
First Last

ADDRESS: \_\_\_\_\_  
Street City State Zip Code

HOME PHONE: ( ) \_\_\_\_\_ BUSINESS PHONE: ( ) \_\_\_\_\_

**PROGRAM RELEASE**

I give my permission for the above participant, a minor in my custody, to participate in the City of El Monte After School Sports Program. Program will typically involve practices twice per week immediately after school in one and one half hour sessions. Games will usually take place at central locations. Schedules of dates, times and locations are to be monitored by the participant and parent(s) I hereby waive, release and discharge any and all claims or rights to claims for damages for death, personal injury or property damage which I may have, or accrue to me, as a result of said minor's participation in the after school sports program. This Release is intended to discharge in advance the promoters, sponsors, volunteers, the City of El Monte, the Mt. View District, their agents and employees, their Boards and Commissions from and against any and all liability arising out of or connected in any way with said minor's participation in after school sports program, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

I further understand that serious accidents occasionally occur during said activities, and that participants in such activities occasionally sustain mortal or serious personal injuries, and/or property damages, as a consequence thereof. Knowing the risks of said activity, nevertheless, on behalf of said minor child, I hereby agree to assume those risks and to release and hold harmless all of the persons and entities mentioned above who, through negligence or carelessness, might otherwise be liable to me, or my heirs or assigns for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

I further understand that I will be financially responsible for any medical assistance provided for my child, in case of an emergency, as the City of El Monte does not provide medical insurance or coverage.

I understand that the person named above may be photographed or videotaped during the course of the program. I give my permission for his/her images or name to be used, without compensation, for purpose of program promotion. Confidential information is for internal use only.

I additionally give the school and the El Monte Community Services Department staff permission to verify my son/daughter's age, birth date and grade through school district records when necessary in order to certify this information.

**CONSENT TO TREATMENT OF MINOR**

In the event of sudden illness, accident or injury which may occur while said minor is engaged in an activity supervised by the City of El Monte Community Services and its representatives, agents or assignees, when neither the parents, guardian or designated family physician can be contacted, I hereby give my consent pursuant to California Civil Code # 25.8 for emergency treatment as shall be necessary under the circumstances by any physician licensed under the Laws of the State of California.

Date: \_\_\_\_\_ Signature of Participant: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Father or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Mother or Guardian: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Type of Coverage: \_\_\_\_\_ Policy # \_\_\_\_\_

Emergency Phone: ( ) \_\_\_\_\_ Pager: ( ) \_\_\_\_\_

<b>**FOR RECREATION LEADER USE ONLY**</b>	
<b>JERSEY SIZE:</b> _____	
<b>JERSEY #:</b> _____	