COMMUNITY SERVICES
Youth Services

Print Form

CHILD SERVICES EMERGENCY FORM

This form must be completed and returned without modification for each child, or participation will be prohibited.

PARTICIPANT NAME			DATE OF BIRTH	AGE	GENDER
					☐ M ☐ F
PARENT/GUARDIAN NAME	HOME PHONE		WORK PHONE		
ADDRESS			MOBILE PHONE		
CITY	STATE	ZIP	E-MAIL		
DATE OF CHILD'S LAST TETANUS INOCULATION	PHYSICIAN'S NAME		PHYSICIAN'S PHONE		

NOTE ANY CONDITIONS WHICH MAY LIMIT OR IMPACT YOUR CHILD'S PARTICIPATION

MEDICAL ALLERGIES? ☐ NONE ☐ YES Describe: _____

ALLERGIES/FOOD SENSITIVITIES? ☐ NONE ☐ YES Describe: _____

MEDICAL OR SPECIAL CONCERNS? ☐ NONE ☐ YES Describe: _____

EMERGENCY CONTACTS

It is imperative program staff have emergency phone numbers to contact a relative/friend at any time during program hours. I authorize the following person(s) to pick up my child in my absence:

NAME	PHONE	RELATIONSHIP

HIGH RISK ACTIVITY LIABILITY WAIVER AND MODEL RELEASE (05-02) In consideration of accepting this registration, and to the extent permitted by law, I hereby agree to release, indemnify, defend and hold harmless on behalf of myself (and any minor children for whom I have the capacity to contract) the City of Irvine and its officers, clients, agents and employees from and against any and all actions, causes of action, in law or equity, suits, liabilities, claims, losses, errors, omissions and liabilities, demands, penalties, costs or expenses (including attorneys' fees), of any kind or nature whatsoever, known or unknown, fixed or contingent, whether related to bodily injury, property damage or any other form of injury or loss to myself (and to any minor participants for whom I have the capacity to contract), including but not limited to physical, mental or emotional injuries to me (or said minors) caused by negligent acts or omissions of the City of Irvine or its officers, clients, agents or employees arising out of or in any way related to participation in this program or other classes sponsored by the City, enrolled by the person(s) registered for a calendar year. I give permission to the City of Irvine to photograph me or my children participating in the programs for use in future City publicity and understand that I will not receive any compensation for such use. I recognize for myself and any minors that the events and occurrences to which this release applies can be dangerous and as a result of signing below, I am accepting those risks for myself and for any minor participants for whom I can contract.

PERMISSION TO TRAVEL My child is permitted to travel on off-site excursions under the supervision of the City of Irvine. Modes of transportation may include City vans, Common Carrier School Buses or walking to local sites. Various scheduled and special off-site excursions may be planned at various times during Child Services programs.

I CERTIFY THAT I HAVE READ AND UNDERSTAND THIS WAIVER AND RELEASE AS IT APPLIES TO MYSELF AND TO ANY MINORS FOR WHOM I AM SIGNING.

PARENT/GUARDIAN SIGNATURE	PRINT NAME	RELATIONSHIP	DATE

FOR OFFICE USE ONLY ENROLLMENT RECEIVED BY: _____ DATE _____