COMMUNITY SERVICES
High School Youth Action Team

Print Form

PARTICIPANT PERMISSION / EMERGENCY FORM

PARTICIPANT NAME				DATE OF BIRTH	AGE	SEX
						☐ M ☐ F
ADDRESS				HOME PHONE		
CITY	STATE		ZIP	CELL PHONE		
	CA					
SCHOOL	GRADE	T-SHIRT SIZE	E-MAIL			

NOTE ANY MEDICAL CONDITIONS THE CITY SHOULD BE AWARE OF FOR YOUR CHILD'S SAFETY

EMERGENCY CONTACT(S) - 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	
NAME		PHONE		RELATIONSHIP	

I hereby grant my child permission to participate in the City of Irvine High School Youth Action Team and permit my child to be transported in City vehicles or by vehicles under contract with the City.

I do hereby consent to the treatment of my minor child to any and all medical care deemed necessary by a qualified physician or other licensed medical personnel and to pay any and all medical costs incurred as a result of said treatments.

I give permission to the City of Irvine to photograph me or my children participating in the programs for use in future City publicity will not receive compensation for such use.

I hereby release the City of Irvine and it's officers, clients, agents or employees from any and all manner of action or actions, cause or causes of action, in law or equity, suits liabilities, claims, losses, costs or expenses (including attorney's fees), of any kind of nature whatsoever, known or unknown, fixed or contingent, whether related to negligent or intentional acts or omissions or any other act or omission and 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). On behalf of myself and any minor child(ren), I/we agree to indemnify and hold harmless the City of Irvine and its officers, clients, agents or employees for any and all claims, liabilities, demands, judgments, and penalties to me (and said minors) for any loss or damage on account of property damages or physical, mental and emotional injury to me (or said minors) caused by the negligence of the City of Irvine and it's officers, clients, agents or employees arising out of participation in this program or other classes sponsored by the city. I/we 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.

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	DATE	HOME PHONE
PRINT NAME	RELATIONSHIP	WORK PHONE