



WALKING CREW REGISTRATION FORM

PICO PARK

SMITH PARK

RIVERA PARK

School: _____ Classroom #: _____

Child's Name: _____ Birth date: _____ Sex: _____

Home Address: _____

City, Zip Code: _____ Home Phone Number: _____

Mother's Name: _____ Work #: _____ Cell #: _____

Father's Name: _____ Work #: _____ Cell #: _____

Guardian's Name: _____ Work #: _____ Cell #: _____

I authorize the following individuals to pick up my child (other than parents/guardian):

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

The following individuals are not authorized to pick up my child:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Emergency Contact Numbers (other than parents):

Please Consider Your Emergency Contact People Carefully

1. Name: _____ Relationship: _____ Phone #: _____

1. Name: _____ Relationship: _____ Phone #: _____

Are any special accommodations needed for your child to participate in this program? No Yes

Please indicate what accommodations your child needs: _____

• **PERTINENT MEDICAL HISTORY INFORMATION** (Diabetes, Allergies, Asthma, Etc.):

• HOLD HARMLESS AGREEMENT

"I agree to waive and release the City of Pico Rivera and its officers, agents and employees, from and against any and all claims, cost liabilities, expenses or judgments, including attorney's fees and court cost, or any illness or injury, and hereby agree to indemnify and hold harmless the City of Pico Rivera from and against any and all such claims, whether caused by negligence or otherwise, except for any claims resulting from the sole negligence, gross negligence, or intentional conduct on the part of the City or its employees. I understand and agree that by signing this waiver I am freeing the City of Pico Rivera and its employees, officers or agents from any liability. I further agree to abide by all rules and regulations for facility use and rental as provided to me."

Term	"I understand that the term of this Hold Harmless agreement and release for the 2009-2010 Walking Crew program runs from August 31, 2009 through June 17, 2010."	Please initial: _____
Photo Release	I give my permission to the City of Pico Rivera to photograph me or my children participating in the programs for use in the City of Pico Rivera publicity and publications and will not seek compensation for such.	Please initial: _____
Payment Agreement	I have received and understand the Walking Crew Payment Agreement.	Please initial: _____

I hereby represent that I understand and am familiar with the nature of the activities in which I (or my child) will participate in this recreation program. I personally read and understand this Release."

Signature of Parent/Guardian _____ **Date** _____

FOR OFFICE USE ONLY:

Input by: _____ Date Entered: _____