

 EAST BAY REGIONAL PARK DISTRICT
ROBERTS POOL SWIM PROGRAM

Participant's Information

Directions: Please print clearly and complete all sections.

Participant's Name: _____
Last First M.I.

Birthdate: _____ Age: _____
(MM/DD/YYYY)

Address: _____
Street City Zip Code

E-mail address: _____ May we contact you by e-mail YES NO

Morning Session(s) Enrolled: Session 1 Session 2 Session 3 Session 4 Session 5

Evening Session(s) Enrolled: Session 1 Session 2 Session 3 Session 4 Session 5

Weekend Session(s) Enrolled: Session A Session B Session C

Fall Session Enrolled: Session I Session II

Emergency Contact Information:

Parent/Guardian #1: _____
Name Daytime Phone

Parent/Guardian #2: _____
Name Daytime Phone

Emergency Contact (Local): _____
Name Daytime Phone

To better serve you, please provide information regarding any special accommodations you may need. Reasonable accommodations can be made upon request. If special accommodations are needed please contact staff at 510-544-2517 or TTY/TDD 510-633-0460 to arrange. All information will be kept confidential.

Please explain: _____

Do you give your son/daughter permission to leave E.B.R.P.D. property on his/her own at the end of the day? YES NO

Are there any adults who have your permission to pick up your child from this program. YES NO
If yes, please list:

1. _____
Name Daytime Phone

2. _____
Name Daytime Phone

Parent/Guardian Signature: _____ Date: _____

PLEASE TURN OVER AND COMPLETE THE OTHER SIDE.

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WAIVER, RELEASE AND ASSUMPTION OF RISK AGREEMENT AND
AUTHORIZATION FOR EMERGENCY TREATMENT OR
TRANSPORTATION

I, the undersigned, (as parent or legal guardian of the child) listed on this registration form, in consideration of the request, give my permission (for my son/daughter) to participate in this East Bay Regional Park District Swim Lessons Program at Roberts Pool. I hereby assume full responsibility for all risk of injury or loss which may result from my son's/daughter's participation in this activity, and hereby agree to hold harmless, release and forever discharge THE EAST BAY REGIONAL PARK DISTRICT, IT'S OFFICERS, DIRECTORS, AGENTS, AND EMPLOYEES FROM ANY AND ALL CLAIMS AND DEMANDS WHATSOEVER WHICH THE UNDERSIGNED, AND ANY OF THEM OR THEIR BEHALF HAVE, OR MAY HAVE, AGAINST THE DISTRICT, IT'S OFFICERS, DIRECTORS, AGENTS, OR EMPLOYEES BY REASON OF ANY ACCIDENT, ILLNESS OR DESTRUCTION OF PROPERTY ARISING OR RESULTING DIRECTLY OR INDIRECTLY FROM MY SON'S/DAUGHTER'S PARTICIPATION IN THE AFOREMENTIONED AND OCCURRING DURING SAID PARTICIPATION, OR ANYTIME SUBSEQUENT THERETO REGARDLESS OF WHETHER SAID CLAIMS OR DEMANDS ARISE OUT OF NEGLIGENCE (WHETHER GROSS OR ORDINARY) ON THE PART OF THE DISTRICT. THE TERMS OF THIS RELEASE SHALL SERVE AS A RELEASE AND ASSUMPTION OF RISK FOR MYSELF, MY SON/DAUGHTER, HEIRS, EXECUTIVES, ADMINISTRATORS, AND FOR ALL OF MY FAMILY MEMBERS.

I understand, agree and acknowledge that some activities may be of a hazardous nature and/or include physical and/or strenuous activity. Understanding this, I state to the best of my knowledge that I, (my son/daughter) listed on this form have no medical, physical, mental, or emotional health conditions which would hinder my (his/her) active participation in this East Bay Regional Park District Recreation Program.

In the case of an emergency in which I am not able to give permission for medical treatment and my designated emergency contact cannot be reached, I authorize the staff or agents of the East Bay Regional Park District to obtain whatever medical treatment he/she deems necessary for my child's welfare. In the case of my child, this authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment, regardless of whether my medical insurance would cover such charges and fees.

✓ I give my full permission to East Bay Regional Park District and any other media sources to use my or my child's name and any photographs, videographs, motion pictures or recordings for any publicity and promotion purposes without obligation or liability to me.

Parent/Guardian Signature: X _____ Date: _____