



CITY OF TEMPLE CITY DEPARTMENT OF PARKS AND RECREATION

PROGRAM REGISTRATION APPLICATION

Please use this form for fax, walk-in or mail-in registration. Registration is also available online at www.templecity.us.

PARTICIPANT First Name	PARTICIPANT Last Name	Birthdate	Gender <input type="checkbox"/> M <input type="checkbox"/> F
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PARENT/GUARDIAN INFORMATION

FIRST NAME	LAST NAME	PHONE	BIRTHDATE
ADDRESS	CITY	ZIP	
HOME PHONE	ALTERNATE PHONE	E-MAIL	

EMERGENCY CONTACT INFORMATION

FIRST NAME	LAST NAME	RELATION	PHONE	<input type="checkbox"/> WORK <input type="checkbox"/> CELL
				<input type="checkbox"/> WORK <input type="checkbox"/> CELL

PARTICIPANT AND COURSE INFORMATION

PROGRAM OR ACTIVITY	COURSE #	FEE
TOTAL=		

PAYMENT (Make checks payable to the CITY of TEMPLE CITY. Exact cash is accepted with walk-ins only.)

<input type="checkbox"/> CHECK NO. _____	<input type="checkbox"/> CASH \$ _____	<input type="checkbox"/> AMEX	OFFICE USE ONLY RECEIPT NUMBER _____
<input type="checkbox"/> DISCOVER	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA	

WAIVER (Read and Sign Waiver. Registration will not be processed unless waiver is signed.)

In consideration of accepting and allowing me and/or my child to participate in the above recreation program(s), 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 listed above for whom I have the capacity to contract) the City of Temple City and its officers, employees, agents, and volunteers (the "City") from and against any and all liabilities, claims, penalties, losses, costs, actions, damages, or expenses (including attorneys' fees) of any kind or nature whatsoever, including liability for injuries to any person or persons or damage to property, caused by any negligent act or omission (active or passive) of the City or other participants in the program arising out of or in any way connected to my or the minor child(ren)'s participation in the recreation program(s), unless solely caused by the gross negligence or willful misconduct of the City. I acknowledge that the activities to which this waiver applies can be inherently dangerous and am accepting those risks for myself and/or the minor child(ren). I give permission to the City of Temple City to take photographs of me or my minor child(ren) while participating in the program(s) for use in future City publicity and understand I will not receive any compensation for such use.

PRINT NAME _____ X _____ DATE _____

(Parent/Guardian must sign for participants under 18 years of age)

EMERGENCY INFORMATION PARTICIPANT

PERTINENT MEDICAL HISTORY INFORMATION (Epilepsy, diabetes, allergies, Etc.) NO YES, if yes, explain:

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

Pursuant to Family Code §6910 and Health & Safety Code §1283, I am a parent or legal guardian having legal custody of the minor child identified above, and do hereby authorize the City of Temple City, its officers, employees, agents, representatives, and assignees, whose care such minor child has been entrusted, to consent to any examination, X-ray examination (or similar examination such as by CAT scan), anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the California Medical Practice Act or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor by a dentist licensed under the provisions of the California Dental Practice Act. I agree to pay any and all costs for the foregoing care. I authorize any health facility which has provided treatment to the above-named minor(s) to surrender physical custody of such minor(s) to the City of Temple City or authorized representative upon completion of treatment.

PRINT NAME _____ SIGNATURE _____ DATE _____