



CITY OF ESCONDIDO
Community Services Department
East Valley Community Center
2245 East Valley Parkway
Escondido, CA 92027
(760) 839-4382

Season/Year _____	
<input type="checkbox"/>	Entered

PAL Football Youth Camp Emergency and Waiver Information

EMERGENCY INFORMATION

Child's Name: _____ School: _____
 Street Address: _____
 Parent/Guardian Name _____ Day Phone: (____) _____ Evening Phone: (____) _____
 Parent/Guardian Email Address: _____

Emergency Contact (other than parent/guardian):

Please make sure the contact is someone who can be contacted during the day.

1. _____ Relation: _____ Day Phone: (____) _____
2. _____ Relation: _____ Day Phone: (____) _____

Medical Conditions/Allergies/Medications:

Special Needs:

CONSENT TO TREATMENT OF MINOR

"In the event of sudden illness, accident or injury which may occur while said minor is engaged in an activity supervised by City of Escondido employees, when neither the parents or guardians can be contacted, I hereby give my consent for emergency treatment as shall be necessary under the circumstances by any physician licensed under the laws of the State of California."

Parent/Guardian Signature _____ **Date** _____

Note: Parent/Guardian is responsible for informing City staff who supervise activity of any changes in the above information.

LIABILITY WAIVER

I understand that this is a "drop-in" program, meaning that my child or my ward may attend and leave at his/her own will. Recreation leaders cannot force my child or my ward to stay in the program, but will encourage my child or my ward to stay. I will convey my personal wishes about this matter to my child or my ward and the site leaders. This is not a licensed childcare program.

Parent/Guardian Signature _____ **Date** _____

I agree to indemnify, defend, hold harmless and release the City of Escondido, its officers, agents, and employees from any and all lawsuits, damages, claims, judgments, loss, liability, or expenses arising out of (1) any death or personal injuries or property damage that I, my child or my ward may sustain while on, or while using, property or equipment owned by or under the control of the City of Escondido, or while participating in any activity sponsored by the City of Escondido, or (2) any death or injury which results or increases by any action taken to medically treat me, my child or my ward. All of the terms above shall apply whether or not the alleged injury is caused by or arises out of any dangerous condition of property, or the alleged negligence or any acts or omissions of the City, its officers, agents, or employees.

I also understand that the City of Escondido does not carry insurance to cover participants in the activities in which I am participating. I understand there are risks associated with these activities, and I assume the risk of any injuries that I may sustain during any of the activities.

I understand that the City of Escondido is not responsible for any damage, loss or theft of personal property.

I understand that the City may take photographs/videos for the use in City publications, Web sites, and news releases without my written consent.

I AM ABLE TO READ, AND I HAVE READ THE ABOVE WAIVER/RELEASE, EMERGENCY TREATMENT PROCEDURE, CONSEQUENCES OF PARTICIPATION AND UNDERSTAND IT.

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ **Date** _____