

Mendocino Coast Recreation & Park District

ASSETs After School Fort Bragg High School 2010-2011

STUDENT PROFILE

Student's Legal Name: _____ Birthday: ____/____/____

School: _____ Grade: _____ Gender: _____ Age: _____

Phone 1: _____ Phone 2: _____ Family Email: _____

Mailing Address: _____

Residence Address (if different): _____

CONTACT INFORMATION (Please complete for students under 18 years)

Parent/Guardian: _____ Hm Ph: _____ Wk Ph: _____ Cell: _____

Parent/Guardian: _____ Hm Ph: _____ Wk Ph: _____ Cell: _____

Emergency Contact 1: _____ Hm Ph: _____ Wk Ph: _____ Cell: _____

Emergency Contact 2: _____ Hm Ph: _____ Wk Ph: _____ Cell: _____

In addition to the above, these people may pick up my child from the Rec Center and/or KUDOS:

Please list allergies, medications, and medical or other issues of concern:

TRANSPORTATION

My child will be riding the bus to _____

_____ I will pick my child up daily _____ My child has permission to walk home

REGISTRATION

Activity/Level	Session/Age Group	#/ Date	Day & Time	Fee
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Additional information: ASSETs program is free of charge.

PHOTO RELEASE

Yes No MCRPD may use my child's photo on the website and/or in printed material, as long as his/her name is not identified. _____ (Please Initial)

**ASSETS 2009-2010
FORT BRAGG HIGH SCHOOL**

**MENDOCINO COAST RECREATION AND PARK DISTRICT REGISTRATION
FORM**

Participant's Legal
Name _____

AGREEMENT, WAIVER AND RELEASE

I have carefully read the description of the class(es) for which I/we are registering. In consideration for being permitted by the above district to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the above district (its officers, employees, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risks is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activity.

**PARENTAL CONSENT: (TO BE COMPLETED AND SIGNED BY
PARENT/GUARDIAN IF APPLICANT IS UNDER 18 YEARS OF
AGE.)**

I hereby consent that my son/daughter (named) _____, participate in the above activity, and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of the death or any injury or property damage that said minor may sustain while participating in said activity.

**I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE
AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A
RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE
DISTRICT AND I SIGN IT OF MY FREE WILL.**

(Signature)

(Name Printed)

Date: _____

Additional information: THERE IS NO FEE FOR THIS PROGRAM.