



Child Care Registration Form

Participant Name: _____ Age: _____

Parent/Guardian Information (PLEASE PRINT)

Name: _____ Phone: _____ Cell: _____

Address: _____ City/Zip: _____

Email: _____

Please list additional people who we can call in case of an emergency and/or who are authorized to pick up your child from RLERPD school programs. These people must show identification when picking up your child.

Name	Relationship	Phone Number	Emergency	Pick Up
_____	_____	_____	Y or N	Y or N
_____	_____	_____	Y or N	Y or N
_____	_____	_____	Y or N	Y or N
_____	_____	_____	Y or N	Y or N
_____	_____	_____	Y or N	Y or N
_____	_____	_____	Y or N	Y or N

Participant's Medical Information

Please provide any medical conditions or allergies: _____

AGREEMENT, WAIVER AND RELEASE

In consideration for being permitted by the District to participate in the above-referenced 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 District (including its officers, employees, volunteers, 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 active or passive negligence or carelessness on the part of the persons or entities mentioned above.

It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs, administrators, executors, and assigns and that I shall indemnify and hold the District (including its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or connected in any way with my participation in said activity.

Additionally, I fully understand that my participation in the above-referenced activity exposes me to the risk of personal injury, death, communicable diseases, illnesses, viruses, and/or property damage. I hereby acknowledge that I am voluntarily participating in this activity and agree to assume any such risks.

VIRTUAL CLASS RELEASE: I hereby warrant and agree, that the conditions of my environment are safe, free from obstructions, and are suitable for participation in the above-referenced activity. I further understand and agree that any material downloaded, viewed or otherwise obtained through my participation in said activity is done at my own risk and the District is not responsible for any loss, alteration, corruption or other damage to my personal property, including computers, networks and other property used as part of my participation.

PHOTOGRAPHIC RELEASE: I understand that photographs may be taken during this activity and hereby grant the District permission to use any such photo(s) for advertising or in promotional materials.

PARENTAL/GUARDIAN CONSENT: (to be completed and signed by parent/guardian if Participant is under 18 years of age.)

I hereby consent that my son/daughter, _____ participate in the above-referenced 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 District (including its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or connected in any way with said minor's participation in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE FORM AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND THE RIO LINDA ELVERTA RECREATION and PARK DISTRICT AND I SIGN OF MY OWN FREE WILL.

Please Note: The Rio Linda Elverta Recreation and Park District (District) will be requiring all staff and program participants to complete temperature checks daily and to report if they are experiencing any symptoms related to the Flu or COVID-19. If one of our participants becomes ill we will be isolating that participant until they can be picked up by their legal guardian. In order to prevent the spread of the Flu and/or Virus, if a program participant or employee becomes ill, we reserve the right to temporarily suspend the impacted child care group that may have been in contact with the infected individual. All parents /guardians of that group will be immediately notified and the impacted individual will be required to stay home until cleared by a physician.

Signature: _____ Date: _____