



AFTER SCHOOL PROGRAM

SCHOOL SITE: _____

NAME: _____
Last First Middle Initial

ADDRESS: _____

BIRTHDAY: ____/____/____ GRADE: ____ PHONE: (____) ____ - ____
Day Month Year

_____ Please check if participant has permission to walk home from After School Program. In the space provided indicate a time at which the participant has permission to sign out.

EMERGENCY CONTACT INFORMATION

PARENT/ GUARDIAN: _____
Last First Middle Initial

CONTACT PHONE: (____) ____ - ____ EXT: _____

SECONDARY CONTACT: _____
Last First Middle Initial

CONTACT PHONE: (____) ____ - ____ EXT: _____

ADDITIONAL INFORMATION (Allergies, medical issues, comments):

Waiver, Release and Indemnity Agreement for Minors

As the parent/guardian of a minor participating in the City of Oakley After-School Program, I recognize and acknowledge that there are certain risks of serious physical injury. This Waiver, Release and Indemnity Agreement is intended to discharge in advance, The City of Oakley, Oakley Union Elementary School District, its officers, employees, volunteers, and agents from any and all liability arising out of or connected in any way with my child/ward's 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 further agreed that this Waiver, Release and Indemnity Agreement is to be binding on my heirs and assignees I agree to assume the full risk of any injuries, damages or loss that my minor child./ward may sustain as a result of participating in any and all activities connected with or associated with these activities.

- Parent/ guardian additionally agrees to indemnify the City against any claims or right of action for damages which the minor has/have before or after they reach the age of majority.
- In the event of any emergency, I authorize City Officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above Waiver, Release and Indemnity Agreement and Permission to Secure Treatment.

Parent/Guardian's Name: (Print) _____

Parent/Guardian Signature: _____ Date: _____