

NOTE: This form does NOT enroll you online. Please enroll online at <https://apm.activecommunities.com/culvercity>

STUDENT INFORMATION

Last Name: _____

First Name: _____

Male Female DOB: _____

Age: _____ Grade: _____

MEDICAL/GENERAL INFORMATION

Does your child have any of the following?

- ADHD
- Asthma
- Convulsions
- Diabetes
- Heart Trouble
- Needs Medicine (if YES, please complete medicine form)
- Any Disabilities or Special Needs If yes please list below
- If yes, does your child require a one-on-one Care Giver
- Any abnormal fears? (Use space below to list or explain:

CONTACT PARENT 1

Last Name: _____

First Name: _____

Address: _____

_____ ZIP: _____

Home Phone: _____ Wk Phone: _____

Alternate Phone: _____

Email Address: _____

CONTACT PARENT 2

Last Name: _____

First Name: _____

Address: _____

_____ ZIP: _____

Home Phone: _____ Wk Phone: _____

Alternate Phone: _____

Email Address: _____

AUTHORIZED PICK UP (Persons listed below are authorized to pick up my child):

1. Name: _____

Phone: _____

2. Name: _____

Phone: _____

3. Name: _____

Phone: _____

REGISTRATION AND FEES PAYMENT

Note for Teen Center Student: Fee \$100 for the school year for each teen enrolled. Payment is due prior to attending program.

If you are interested in the following, check all that apply:

- Participate in Walking Shuttle from school at 2:40 pm and 1:40 pm on early out day. Child must meet staff member in front of middle school no later than 2:40 pm on regular day and 1:40 pm on early days, Otherwise child must walk to teen center unaccompanied.
- Participate in UCLA homework help program (October – June) You will receive additional paperwork as the date gets closer.

WAIVER AND CONSENT TO TREAT

STUDENT: _____

ACTIVITY: El Marino Lin Howe El Rincon/Blanco Farragut/Lindberg Middle School **Teen Center**

RELEASE

I hereby give permission for the minor in my custody to participate in the above-mentioned activity and hereby waive, release and discharge any and all claims or rights to claims for damages for death, personal injury or property damage which I may have or which may hereafter accrue to me, as a result of said minor's participation in said activity. This Release is intended to discharge in advance the promoters, sponsors, the City of Culver City, the officials and any involved municipalities or other public entities (and their respective agents and employees), from and against any and all liability arising out of or connected in anyway with said minor'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.

I further understand that serious accidents occasionally occur during said activity, and that participants in such activity occasionally sustain mortal or serious personal injuries, and/or property damage, as a consequence thereof. Knowing the risks of said activity, nevertheless, on behalf of said minor child, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above who, through negligence or carelessness, might otherwise be liable to me, or my heirs or assigns for damages.

It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to accept and abide by the rules and regulations of the City of Culver City. I give my permission to the City of Culver City to photograph me or my children participating in the programs for use in City of Culver City publicity and publications and I will not seek compensation for such use.

SIGNATURE OF PARENT/GUARDIAN

DATE

CONSENT TO MEDICAL 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 the City of Culver City – Parks, Recreation & Community Services Department and their representatives, agents or assignees, when neither parents, guardian or designated family physician can be contacted, I hereby give my consent pursuant to California Civil Code, s25.8, for emergency treatment as shall be necessary under the circumstances by any physician licensed under the Laws of the State of California."

SIGNATURE OF PARENT/GUARDIAN

DATE

Family Physician: _____ Telephone: _____

Medical Insurance Company: _____ Policy Number: _____

Emergency Contact:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

FOR OFFICE USE ONLY

Date Received: ____/____/____

Registration Taken By: _____

Amount Paid: _____

ID Card Taken YES NO