



City of Eureka  
Parks & Recreation Department  
AGREEMENT, WAIVER & RELEASE - **YOUTH**

**Please Read Carefully**

(THE CITY DOES NOT CARRY MEDICAL INSURANCE FOR ANY PROGRAM/CLASS/ACTIVITY).

**PARTICIPANT INFORMATION**

PARTICIPANT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ M/F: \_\_\_\_\_

PARENT/GAURDIAN NAME: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

**IN CASE OF AN EMERGENCY**

1. NAME: \_\_\_\_\_ DAY PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

2. NAME: \_\_\_\_\_ DAY PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**HISTORY**

KNOWN ALLERGIES (BEE STINGS, MEDICATIONS, SPECIFIC FOODS) \_\_\_\_\_

MEDICAL CONDITIONS: ASTHMA \_\_\_\_\_ DIABETES \_\_\_\_\_ EPILEPSY \_\_\_\_\_ OTHER \_\_\_\_\_

PHYSICAL MOBILITY CHALLENGES OR DISABILITIES \_\_\_\_\_

EMOTIONAL CHALLENGES OR BEHAVIORS \_\_\_\_\_

SPECIAL CIRCUMSTANCES (CUSTODIAL SITUATION, ETC...): \_\_\_\_\_

ADDITIONAL INFORMATION (HISTORY OR FAMILY SITUATIONS) \_\_\_\_\_

**EMERGENCY MEDICAL RELEASE:** Permission is granted for emergency medical treatment if necessary.....

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE PRINT PARENT/GUARDIAN NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**PICK-UP AUTHORIZATION**

Listed below are people authorized to drop-off and pick-up your child. Your child will not be released to anyone unless they are listed below. **PLEASE LIST YOURSELF**, relatives, guardians, friends etc. In an effort to ensure the safety of your child, you or whoever is picking up the child may be asked to show a picture I.D. Please make sure to inform the individual picking up your child of this policy to avoid any confusion or frustration at the time of pick-up. Thank you for your cooperation.

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

**PLEASE NOTE: Pick-up Authorization only applies to programming with *pre-registration*. If your child is participating in a drop-off program, such as the roller skating program or open gym activities, it is your responsibility to ensure your child is safely dropped off and picked up from these programs. Eureka Recreation staff will *not* be responsible for your child's whereabouts once they have left the drop-in program and they will not verify the identity of any individuals picking the child up.**

**ONLINE REGISTRATION**

Please be advised that you are now a part of our customer data base and that if in the future you would like to take advantage of online registration for recreation programming you will need to set up a username and password with the Adorni Center. This can be done either in person at the front counter or over the phone.

WOULD YOU LIKE TO SET UP YOUR ONLINE REGISTRATION NOW?: \_\_\_\_\_

IF YES, PLEASE PROVIDE AN E-MAIL: \_\_\_\_\_

**PHOTOGRAPHY**

I give permission to The City of Eureka staff and/or local news media to photograph my child during the course of regularly scheduled City of Eureka recreation programs. I am aware that these pictures may be published in the local media, posted in City of Eureka facilities, and possibly included in future brochures/publications and/or City of Eureka website.

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**REGISTRATION AGREEMENT**

I understand that by registering my child in Eureka Recreation youth programs, I am reserving a space for him/her and am responsible for program fees if they do not attend, regardless if a deposit was paid. I also understand that if I choose to remove my child from the activity, I will only be granted a refund if there is a child on the waiting list that can fill the space.

If Changing Tides is assisting with my child care costs, I understand that Changing Tides will only pay child care costs for days that my child attends the program. I also understand that I am responsible for any and all program fees not covered by Changing Tides.

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**LISTING OF ACTIVITIES, WAIVER & RELEASE OF LIABILITY**

**Activities may include, but are not limited to,** Community Classes, Hoopster’s Youth Basketball League, Fitness Classes, Weight & Cardio Rooms & Equipment, Basketball, Volleyball, Pickleball, special events, the Outside the Box After School Program, and other unlisted activities sponsored by City of Eureka Recreation. Locations include, but are not limited to, the Adorni Recreation Center, the John Ryan Youth Center, Cooper Gulch, Sequoia Park, Sequoia Park Zoo, the Municipal Auditorium, and other unlisted locations where City of Eureka Recreation may hold programming.

In consideration for permitting my child to participate in any of the aforementioned activities sponsored by the City of Eureka, 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 accrue as a result of my child’s participation.

This release is intended to discharge in advance the above City (its officers, employees, volunteers and agents) from and against any and all liability arising out of or connected in any way with my child’s participation in any activities, even though that liability may arise out of negligence or carelessness on the part of said City (its officers, employees, volunteers and agents).

I understand that the above activities may be of a hazardous nature and/or include physical and/or strenuous exercise or activity; that serious accidents occasionally occur; and that participants occasionally sustain mortal or personal injuries and/or property damages as a consequence thereof. Knowing the risks involved, nevertheless, I have voluntarily applied to let my child participate in the aforementioned City’s activities and I hereby agree to assume any and all risks of injury or death and to release and hold harmless the above City (its officers, employees, volunteers, and agents) who through negligence, carelessness or any other act or omission might otherwise be liable to me.

I further understand and agree that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

I further agree to indemnify and to hold the above City (its officer, employees, volunteers and agents) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that my child may sustain while participating in activities.

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 THE ABOVE CITY AND MYSELF AND I SIGN IT OF MY OWN FREE WILL.

**EUREKA RECREATION RESERVES THE RIGHT TO DISMISS ANY PARTICPANT WHO DOES NOT COOPERATE WITH PROGRAM STAFF AND/OR RULES**

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PLEASE PRINT PARENT/GUARDIAN NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_