

LAST NAME \_\_\_\_\_

# Junior Recreation Leader Emergency Form

City of Antioch Recreation Department | 4703 Lone Tree Way | Antioch, CA 94531 | 925-776-3050

## JUNIOR REC INFORMATION

Child's Name \_\_\_\_\_

Gender \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Swim Ability Non-Swimmer Beginner Intermediate Advanced T-Shirt Size XS S M L XL AS AM AL

### Parent/Guardian #1

### Parent/Guardian #2

Name \_\_\_\_\_

Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

## DESIGNATED CHILD PICK-UP AUTHORIZATION LISTING - Must put person other than parent or guardian

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Cell Phone \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Cell Phone \_\_\_\_\_

## FEE FOR LATE PICK-UP

Parents agree to pick up their children by or before the scheduled release time. A LATE FEE OF \$5.00 PER 5 MINUTE INTERVAL PER CHILD WILL BE CHARGED. Late fees are to be paid directly to the City of Antioch.

I have read and understood the Late Fee procedure listed above and agree to the terms and conditions.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## CONSENT TO MEDICAL TREATMENT OF MINOR

I hereby authorize any medical doctor, emergency technician, paramedic, nurse, healthcare provider, hospital, or other medical facility to treat my child for any illness, medical complication, allergic reaction, or injury received while my child participates in the City of Antioch Program. I authorize any licensed physician to perform any procedure, including the administration of anesthesia that the physician deems advisable to treat any illness, medical complication, allergic reaction, or injury that my child may experience. I authorize any City of Antioch employee to perform any procedure, including the assistance in the administration of epi-pens or medication (whether over the counter prescription) that I have described in the Authorization for Emergency Care for Children with Severe Allergies/Life Threatening Medical Condition to treat any illness, medical condition, allergic reaction, or injury that my child may experience. I realize that there is a possibility of complications and undesired and unforeseen consequences in any medical treatment and I assume any such risk on behalf of my child. I represent that I am a parent or legal guardian of the child and I hereby agree to defend, hold harmless, and indemnify the City of Antioch, its Council, officers, employees, agents, and volunteers, and event holders, event sponsors, event directors, event volunteers, doctors, emergency medical technicians, paramedics, nurses, healthcare providers, and hospitals or other medical facilities from all liability, loss, costs, claims, or damages whatsoever that may be imposed upon said parties due to the medical treatment, or lack thereof, given to my child.

Check here if your child requires assistance with the administering of medication during program time.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_