

CAMP EMERGENCY CONTACT FORM FOR MONTEREY SPORTS CENTER
 City of Monterey Recreation and Community Services Department

Prior to attending Camp, this form must be completed and filed with the Monterey Sports Center.

PARTICIPANT (Please Print)

Name: First _____ Last _____ Male / Female

Residence Address _____ City _____ State _____ Zip _____

Mailing Address (if different) _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

*Date of Birth _____ *Grade _____ *Age _____ *School _____

*Required for Participants under 18 years of age

PARENT/GUARDIAN (Required for Participants under 18 years of age)

Parent/Guardian Name: First _____ Last _____

Parent/Guardian Address (if different) _____ City _____ State _____ Zip _____

IN CASE OF AN EMERGENCY AND WE ARE UNABLE TO REACH YOU, PLEASE LIST TWO OTHER CONTACTS
PLEASE NOTIFY PEOPLE BEING LISTED

Name _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Doctor's Name _____ **Telephone Number** _____

Special Medical Instructions _____

WILL YOUR CHILD BRING ANY SPECIAL MEDICATION TO THE PROGRAM? ____ YES ____ NO

If YES, please give specific directions for administration and dosage. Contact Site Director to discuss any problems. In the event of illness, we shall attempt to contact you (or people listed) immediately to notify you of our actions. We shall transport your child home or to a mutually agreed upon location or, if need be, to the nearest emergency room where your child's doctor will be contacted and emergency care will be given.

AUTHORIZATION TO TREAT: I authorize the adult agents and employees of the Monterey Recreation and Community Services Department in charge of the program to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to my above named minor child under the general special supervision and upon the advice of a physician and surgeon licensed under the provision of the Medical Practice Act, pursuant to Section 25.8 of the California Civil Code and agree to be responsible for all cost thereby incurred.

ACTIVITY & SESSION

Activity #	Session #	Activity Name	Days of Week	Time	Fee
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

The undersigned, in consideration of participation in this program, agrees to indemnify, hold harmless and release the City of Monterey, its agents and employees, from any and all liability for any injury which may be suffered by the above named individual registered in this program arising out of or in any way connected with participation in this program.

I have read the above application and agreement and fully understand that I assume all risks for any injuries received.

_____ Participant _____ Parent _____ Guardian _____

 signature