



**LOS GATOS-SARATOGA COMMUNITY EDUCATION & RECREATION:
EMERGENCY INFORMATION CARD 2008-09**

EL PROGRAMA ESPAÑOL EMERGENCY INFORMATION CARD

*PLEASE PRINT CLEARLY

CHILD'S LAST NAME: _____	CHILD'S SCHOOL OF ATTENDANCE: MANDATORY INFORMATION
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CHILD'S FULL NAME (First/Last): _____	Grade in Fall 2008 _____
Child is living with: _____	Date of Birth: _____
Child's School _____	

MOTHER'S FULL NAME: _____			
Address: _____	City _____	Zip _____	
Phones Day: _____	Evening: _____	Cell/ Pager #: _____	

FATHER'S FULL NAME: _____			
Address: _____	City _____	Zip _____	
Phones Day: _____	Evening: _____	Cell/ Pager #: _____	

Dentist (Name/Phone): _____ Physician (Name/Phone): _____
 In the event of a 911 emergency, name of hospital you prefer your child to be taken: _____
 Any special health problems? Allergies/Meds _____

Custody Information: _____

Please list three people who may pick up your child or who may be contacted in an emergency if you cannot be reached.
 Please Print Clearly:

- | | |
|-----------|--------------|
| (1) _____ | PHONE: _____ |
| (2) _____ | PHONE: _____ |
| (3) _____ | PHONE: _____ |

The undersigned, in consideration of participation in this program agrees to indemnify and hold the LGS Recreation, its contractors, employees and volunteers harmless and release the LGS Recreation, its contractors, employees and volunteers from any and all liability for any injury which may be suffered by the named individual(s) 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. I give my consent for emergency medical or dental treatment, including transportation to the nearest emergency aid facility, if my child is injured. Model Release: I release the photographer and the Recreation Department from liability for any violation of any personal or proprietary right I have in connection with any reproduction of or use of photographs in which I appear. I consent to the reproduction or use of photographs with or without my name (or other registered participants) taken of me during recreation programs. I FULLY UNDERSTAND THAT I ASSUME ALL RISKS FOR ANY INJURIES RECEIVED, MEDICAL AND TRANSPORTATION FEES AND AGREE TO ACCEPT FINANCIAL RESPONSIBILITY.

PRINT NAME (Parent/Guardian) _____	DATE: _____
SIGNATURE (Parent/Guardian) _____	

PLEASE SUBMIT THIS PAGE WITH YOUR REGISTRATION FORM. FAILURE TO TURN IN THIS FORM WILL DELAY REGISTRATION FOR YOUR STUDENT. THIS FORM IS MANDATORY.