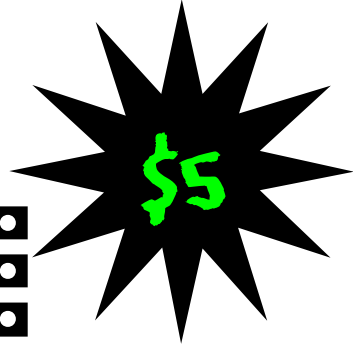


THE CITY OF SAN LUIS OBISPO PARKS AND RECREATION DEPARTMENT YOUTH SERVICES PRESENTS:

ALL STAR FUN ZONE








FRIDAY, MAY 4, 2012

6:30 P.M. - 8 P.M.

AT LUDWICK COMMUNITY CENTER, 864 SANTA ROSA STREET

OPEN TO ALL 4TH - 6TH GRADERS!!!

REGISTER AT THE DOOR EVENING OF THE EVENT
(REGISTRATION FORM AVAILABLE AHEAD OF TIME AT THE PARKS AND RECREATION OFFICE,
ONLINE AT WWW.SLO.CITY.ORG/PARKSANDRECREATION OR AT PROGRAM SITES)
ALL CHILDREN MUST BE SIGNED IN AND OUT BY AN ADULT.
IDENTIFICATION WILL BE CHECKED FOR PICK-UP.

-  DANCE TO A LIVE DJ!
-  PLAY VIDEO GAMES
-  ENJOY SPORTS AND ACTIVITIES
-  EAT SNACKS
-  HANG OUT WITH FRIENDS



FOR MORE INFORMATION CALL 781-7300, STOP BY THE PARKS AND RECREATION ADMINISTRATIVE OFFICES AT 1341 NIPOMO STREET OR VISIT THE CITY'S WEBSITE AT WWW.SLO.CITY.ORG/PARKSANDRECREATION

PROGRAM REGISTRATION FORM AND WAIVER

PLEASE PRINT AND FILL OUT COMPLETELY



Registration Form and Waiver is limited to family members living at the same address only.

NO FAXES ACCEPTED

Main Contact (Adult/Parent/Legal Guardian)

LAST NAME		FIRST NAME	
ADDRESS			
CITY		STATE/ZIP	
EMAIL ADDRESS			
<input type="checkbox"/> CHECK HERE IF YOU PREFER ELECTRONIC MAILINGS			
HOME PHONE		CELL PHONE	

Program Registration

PROGRAM NAME	PARTICIPANT'S FULL NAME	DOB	FEE

TOTAL FEES \$		
YES! I WOULD LIKE TO "GIVE \$5" TO HELP BUILD THE SLO SKATE PARK		\$5
TOTAL \$		
<input type="checkbox"/> CHECK HERE IF YOU REQUIRE SUPPORTED RECREATION ASSISTANCE <input type="checkbox"/>		

Medical Information (for minors only)

PEDIATRICIAN		PHONE
PHYSICAL LIMITATIONS		
ALLERGIES		
OTHER PERTINENT MEDICAL INFORMATION		
IN CASE OF AN EMERGENCY (IF PARENT/GUARDIAN CANNOT BE CONTACTED) PLEASE NOTIFY:		
NAME		PHONE

Photographic Release

I understand that City of San Luis Obispo staff may on occasion visit Parks and Recreation sponsored activities to take pictures and/or video for use in a City publication, for educational purposes or for a City Council/Commission meeting. My initials below indicate approval for use of such photography/video in which I or my child may appear. I understand that I will not receive compensation for the use of the pictures/video.

INITIAL HERE >> _____

COMPLETE BOTH SIDES OF FORM

Release of Liability and Indemnification (please read before signing)

I, the undersigned, understand that the above named activity, sponsored by the City of San Luis Obispo Parks and Recreation Department, involves physical activity, that accidents can occur during above named activity and that participants in this or any physical activity can suffer serious injury or death. I further understand that while Parks and Recreation Staff may be trained in basic first aid and CPR, they are not medical professionals and are not trained to diagnose, monitor or treat chronic or acute medical conditions, whether preexisting or caused by participation in above named activity. Nevertheless, **I, ON BEHALF OF THE ABOVE-MENTIONED MINOR (hereafter "Minor") AND FOR MYSELF, HEREBY ASSUME THESE RISKS OF PARTICIPATING IN THE ABOVE-MENTIONED ACTIVITY.**

In return for allowing Minor to participate I, on behalf of Minor and for myself, hereby waive, release, and discharge any and all claims for damages for death, personal injury, disability or property damage of any kind which may hereafter accrue to Minor or myself as a result of his/her participation in this activity. This release is expressly intended to discharge in advance the City of San Luis Obispo and its employees, agents, and volunteers from and against any and all liability arising out of or connected in any way with Minor's participation in this activity. **THIS WAIVER AND RELEASE WILL APPLY EVEN THOUGH LIABILITY MAY ARISE OUT OF NEGLIGENCE OR CARELESSNESS ON THE PART OF THOSE DISCHARGED INCLUDING THEIR EMPLOYEES, AGENTS, AND VOLUNTEERS, AND INCLUDING GROSS NEGLIGENCE TO THE EXTENT THAT SUCH WAIVER AND RELEASE IS PERMITTED BY CALIFORNIA LAW.** This Waiver and Liability Release shall apply to Minor and myself, as well as any of our heirs, executors, or administrators. By my signature below, I hereby certify that I am the parent or legal guardian of Minor and that I am acting in that capacity. Further, I acknowledge that I have read this document and understand its contents.

I, the undersigned, acknowledge that the San Luis Obispo Parks and Recreation Department sponsors the above named activity and realize that **NO MEDICAL INSURANCE IS PROVIDED**. I, the parent/guardian of the above named minor, hereby approve his/her participation in the above mentioned activity. Further, I consent to emergency medical treatment for this minor should the need arise. I expect that the activity supervisors will make an effort to contact me, time permitting, before any treatment other than minor first aid is administered.

SIGN HERE >> Signature _____ Date _____

Check one: Participant (18 & over) Parent Guardian

Additional Information Required

HAVE YOU SIGNED AND INITIALED? YOUR FORM IS NOT COMPLETE UNTIL YOU DO.