

City of Carson

SCOTT
 CARSON

Recreation and Human Services
Aquatic Registration Card

DOMINGUEZ
HEMINGWAY

Participant Name: Last	First	M.I.	Home Phone #:	
Home Address:			Age:	Gender:
City:	ZIP:	Email Address:	Date of Birth:	
Daycare/Camp Address:			Phone #:	
To be completed by staff:				
Please circle activity:	Date	Receipt #	Amount Paid	Initials
Swim Team:				
Synchro Team:				
Water Polo Team:				
Dive Team:				
Mini Guards / Junior Lifeguards:				
Other (specify):				

Since aquatic activities create some risk of injury to participants, the City of Carson ("City") requests that the parents or legal guardians of all minor participants assume all risks by signing this general release, waiver and indemnity agreement.

I certify that I am the parent and/or legal guardian of _____, age _____, and that I am entitled to his/her custody and control, and I do hereby give my permission for said child to participate in aquatic activities. I further certify that said child is of good health and has no physical or other impediment which would endanger him/her from participating in such activity or program.

In consideration of the City's acceptance of said child's application for participation in such activity or program, I for myself, my heirs, executors and assigns, hereby waive, release and discharge the City of Carson and its officers, agents, and employees ("release's"), from any and all claims for damages for death, personal injury, or property damage which I may have, or which may hereafter accrue to me, as a result of said child's participation in this activity or program, and I further agree to indemnify and hold harmless the City of Carson and its officers, agents, and employees, from any liability or claim for action for damages which in any way arises out of said child's participation in this activity or program, even though that liability may arise out of negligence or carelessness on the part of release's.

I further understand that accidents may occur during such activities or programs and that participating in such activities may sustain personal injuries and/or property damage as a consequence thereof. Knowing the risks of such activity, I hereby agree to assume those risks and to release and hold harmless the City of Carson, its officers, agents, and employees from any liability to me or my heirs or assigns for damages arising out of, or related to, said child's participation in such activity.

I verify that I have given permission for the City of Carson to use my or my child's photograph for publicity purposes in any forthcoming brochures, flyers, and web pages. I further state that I release all rights and am fully cognizant of this agreement.

REFUND POLICY: By signing below, I verify that I have read and understand the following City of Carson Refund Policy. No refunds will be given unless the event is cancelled by the City of Carson. There will be a \$25.00 service charge on all returned checks. Refund Policy Details: 1) No refunds will be issued without the original receipt. 2) In the event of emergencies or special circumstances, the Public Services General Manager, or Parks and Recreation Director, or a designee, may approve a refund for the full amount less the prorated value of the services received and an administrative fee of \$10. 3) If payment is made by check, the approved refund cannot be made until that check clears the bank. Proof of bank clearance must be provided to the City. 4) The Public Services General Manager or Parks and Recreation Director reserves the right to approve exceptions or revise the refund policy as necessary. Note: Under California Civil Code, Chapter 522 Section 1719---If your check bounces---You could be liable for three (3) times the amount of the check or \$100. Whichever is more--- Plus the face value of the check and court costs. (BAD CHECK WRITERS ALSO FACE CRIMINAL PENALTIES.)

I have read and understand the above general release, waiver of liability, indemnity agreement, and refund policy.

Signature: _____ Date: _____

(Parent or Guardian of Participant)

Print Name: _____ Relationship: _____

In case of emergency, please notify (please print):

Name: _____ Relationship: _____

Phone #'s: _____ Home _____ Cell _____