



Anderson Parks & Rec Dept. & Anderson High School Registration Dance Camp 2009

Name _____ Age _____

School _____ Grade _____

Parent/Guardian _____

Address _____

Phone: Home _____ Work _____

Participants T-Shirt Size (Please Circle One) Youth S M L Adult S M L XL

CHILD'S EMERGENCY INFORMATION/RELEASE OF LIABILITY

Any Allergies _____

Special Instructions _____

Emergency Contact Person _____

Emergency Contact Person Telephone _____

I, the undersigned understand that the City of Anderson, Anderson High School, Anderson Union High School District, Cascade Elementary School District or other program sponsors do not provide medical insurance for any accident or injuries that might result from participation in the city's recreation program. I personally assume liability for any injuries that might occur to my child during this trip/activity.

Authorization to consent to emergency treatment of minor (I)/(We), the undersigned parent(s) of _____, a minor do hereby authorize the City of Anderson and/or Anderson Union High School District as agent(s) for the undersigned in our absence, to consent to x-ray examination, anesthetic, medical or surgical diagnosis or treatment; hospital care which is deemed advisable by and is rendered to under the general or special supervision and upon the advice of any physician and surgeon licensed under the MEDICAL ACT, whether such diagnosis or treatment rendered at the office of said physician or at any licensed medical facility. It is understood this authorization is given in advance of specific diagnosis, treatment or hospital care required but is given to provide authority and power on the part of aforesaid agent(s) to give specific consent in any medical emergency to any and all diagnosis, treatment or hospital care which aforementioned physician in the exercise of best judgement may deem advisable. The authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California.

This authorization shall remain in effect until revoked in writing and delivered to said agent(s).

Signature _____ Date _____

**Registrations can be mailed to: Anderson Parks & Recreation, 1887 Howard St., Anderson, CA 96007
For more information call Anderson Parks & Rec, 378-6656**