



CORTE MADERA
PARKS & RECREATION DEPARTMENT
498 TAMALPAIS DRIVE
CORTE MADERA, CA 94925
(415) 927-5072 FAX: (415) 927-7138
EMAIL: Cennis@tcmmail.org
WEBSITE: www.townofcortemadera.org

KIDS CLUB REGISTRATION FORM

LIABILITY RELEASE/MEDICAL INFORMATION

FAMILY INFORMATION:

PARENT/GUARDIAN: _____

NAMES OF CHILDREN:

1: _____ (M/F) AGE: _____

2: _____ (M/F) AGE: _____

3: _____ (M/F) AGE: _____

BIRTHDAYS:

1. _____ 2. _____ 3. _____

MAILING ADDRESS: _____

CITY: _____ ZIP CODE: _____

DAY PHONE: _____ EVENING PHONE: _____

CELL PHONE: _____ EMAIL: _____

GRADE AND TEACHER:

1. GRADE: _____ TEACHER: _____

2. GRADE: _____ TEACHER: _____

3. GRADE: _____ TEACHER: _____

MEDICAL INFORMATION:

FAMILY DOCTOR: _____ INSURANCE# _____

PHONE #: _____

DOES YOUR CHILD HAVE ALLERGIES, SPECIAL NEEDS, OR AN I.E.P PLAN?

YES : NO : IF YES PLEASE EXPLAIN _____

DOES YOUR CHILD TEND TO WANDER? YES: NO:

EMERGENCY CONTACT AND PHONE #: _____

ADULTS ALLOWED TO PICK-UP YOUR CHILD: _____

I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS THE TOWN OF CORTE MADERA, AND ITS OFFICERS AND EMPLOYEES, FROM AND AGAINST ANY AND ALL LIABILITY FOR ANY INJURY WHICH MAY BE SUFFERED BY ME OR MY CHILD, ARISING OUT OF OR IN ANY WAY CONNECTED WITH PARTICIPATION IN THE PROGRAM NAMED ABOVE. IN CASE OF EMERGENCY, MY CHILD MAY BE TREATED BY A QUALIFIED PHYSICIAN.

SIGNATURE: _____ DATE: _____

CREDIT CARD INFORMATION REQUESTED FOR ENROLLMENT:

VISA/MASTERCARD #: _____

EXP DATE: _____ NAME ON CARD: _____

CVV# _____ (THE THREE DIGIT NUMBER ON THE BACK OF THE CARD)

EMERGENCY CONTACT CARD
(ONE CARD MUST BE FILED OUT FOR EVERY CHILD)

NAME OF CHILD: _____

PARENT/GUARDIAN: _____

AGE: _____ BIRTHDAY: _____

GRADE: _____ TEACHER: _____ CLASS ROOM: _____

DAY PHONE: _____ EVENING PHONE: _____

CELL PHONE: _____ EMAIL: _____

EMERGENCY CONTACT WITH PHONE #: _____

ADULTS ALLOWED TO PICK-UP (MUST SHOW IDENTIFICATION) _____

EMERGENCY CONTACT CARD
(ONE CARD MUST BE FILED OUT FOR EVERY CHILD)

NAME OF CHILD: _____

PARENT/GUARDIAN: _____

AGE: _____ BIRTHDAY: _____

GRADE: _____ TEACHER: _____ CLASS ROOM: _____

DAY PHONE: _____ EVENING PHONE: _____

CELL PHONE: _____ EMAIL: _____

EMERGENCY CONTACT WITH PHONE #: _____

ADULTS ALLOWED TO PICK-UP (MUST SHOW IDENTIFICATION) _____

RELEASE OF PHOTOGRAPHS – PHOTOS TAKEN BY TOWN

By signing this release, I understand and agree that photographs may be taken during the recreation program that I or my child wish to register for, and I hereby give permission to have my or my child's photo taken and authorizes the use and reproduction of said photos by the Town of Corte Madera. All negatives and prints shall become the sole property of the Town of Corte Madera.

Print name of participant

Signature of Parent or Guardian

Date: _____