



PARTICIPANT PERMISSION / EMERGENCY FORM

(A separate form is needed for each child)

PARTICIPANT NAME			DATE OF BIRTH	AGE	SEX <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS			PHONE		
CITY	STATE	ZIP	E-MAIL		

CHILD NAME:

NOTE ANY MEDICAL CONDITIONS AND/OR ALLERGIES THE CITY SHOULD BE AWARE OF FOR YOUR CHILD'S SAFETY

EMERGENCY CONTACT(S) - It is imperative program staff have emergency phone numbers to contact a relative/friend at any time during program hours. I authorize the following person(s) to pick up my child in my absence:

NAME	<input type="text"/>	PHONE	<input type="text"/>	RELATIONSHIP	<input type="text"/>
NAME	<input type="text"/>	PHONE	<input type="text"/>	RELATIONSHIP	<input type="text"/>
NAME	<input type="text"/>	PHONE	<input type="text"/>	RELATIONSHIP	<input type="text"/>

LAST

FIRST

By signing this form, you will waive certain rights ON BEHALF OF YOURSELF AND YOUR CHILD. Please read carefully.

In the event of injury, the City of Irvine ("City") has my consent to secure medical treatment for my child. I understand and acknowledge that I will be responsible for payment of all medical services rendered, including reimbursement to the City for any medical expenses incurred in the care of my child.

The City has my consent to photograph me and/or my child participating in the programs for use in future City publicity. I understand and acknowledge that my child and I will not receive compensation for such use.

The City has my consent to take my child on offsite excursions under the supervision of the City. I understand and acknowledge that modes of transportation for offsite excursions may include, without limitation, City vehicles, vehicles under contract with the City or walking to local sites.

I, on behalf of myself and my child, understand and acknowledge that participation in the programs may involve the risk of serious injury which may result not only from my child's actions, but also from the actions, inactions or negligence of others, the condition of the facilities, equipment or areas where the program is being conducted, or the nature of the program itself. I, on behalf of myself and my child, understand and acknowledge that my child is voluntarily participating in the program(s) with knowledge of the danger involved, and agree to accept and assume any and all risks of personal injury, wrongful death, property damage or other loss from participation in the programs and/or activities.

I, on behalf of myself and my child and our heirs, successors and assigns, agree to hold harmless, release, indemnify, and defend the City, and its respective officers, employees, agents, representatives, sponsors, volunteers, successors, and assigns from any and all liabilities, losses, damages, claims, costs, demands or causes of action arising out of or related to my child's participation in the program(s), howsoever caused, whether caused by action, inaction or active or passive negligence, and whether caused by the City, my child or any other individual or entity.

I HAVE CAREFULLY READ THIS WAIVER, RELEASE OF LIABILITY, AND ASSUMPTION OF RISK AGREEMENT AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS DOCUMENT RELIEVES THE CITY AND OTHERS FROM LIABILITY FOR PERSONAL INJURY, WRONGFUL DEATH AND PROPERTY DAMAGE, AND, ON BEHALF OF MYSELF AND MY CHILD, SIGN IT VOLUNTARILY.

CLIENT ID NUMBER:

PARENT/GUARDIAN SIGNATURE	DATE	HOME PHONE
PRINT NAME	RELATIONSHIP	WORK PHONE

Empty rectangular box for additional notes or comments.

FOR OFFICE USE ONLY			
<input type="checkbox"/> UPDATED IN SYSTEM	<input type="checkbox"/> MEMBERSHIP	<input type="checkbox"/> UPLOADED	INITIALS/DATE _____ / _____

PARTICIPANT PERMISSION / EMERGENCY FORM (E-FORM) INSTRUCTIONS

1. Acquire a hard copy of the E-Form

Online: irvinecamps.org (can fill out online and print)

In Person: Any City park facility or Irvine Civic Center (second floor)

Inside Irvine: Tear out page 66 in the Spring magazine

Email: Send a request for the E-Form to quickreg@cityofirvine.org

2. Complete the E-Form for **EACH CHILD**

Please print legibly and include a working email address for confirmations and receipts.

3. Sign the E-Form

4. Return to City of Irvine

Scan & Email: to quickreg@cityofirvine.org

Mail to: City of Irvine-CS, PO Box 19575, Irvine CA 92623-9575

Fax to: 949-724-6608

Deliver to: Any City park facility or the Irvine Civic Center (second floor)

When the form has been processed, an email confirmation will be sent. Please allow one business day for this process. To check the status online, use your client ID and Family PIN to log into your account at irvinequickreg.org. Under the Child's History, look for a membership type called "Annual Participant/Camp Emergency Form."

Once the Membership is in place, registration is permitted into camps requiring the E-Form for a calendar year. Register online at irvinequickreg.org. For questions, please call 949-724-6610 or email quickreg@cityofirvine.org.