

Updated 3-1-23 (Office Use ONLY) REGISTRATION# _____

CIRCLE the school of Participant/ CIRCULE la escuela de participante Teacher _____

Campus Park / Livingston Middle (LMS) / Selma Herndon / Yamato Colony

Participant's Name/ Nombre del participante	Grade/Grado	Shirt Size Talla de camisa list adult or youth size

Name of Parent or Legal Guardian (nombre) _____

Address (dirección) _____ apt. _____

City (ciudad) _____ Zip-code _____

Phone Number (numero de teléfono) _____ Cell Number to TEXT: _____

EMAIL: _____

In the event that parents cannot be reached, please list a relative/friend to be notified in case of an emergency:

Emergency Contact (contacto de emergencia): Name:(nombré) _____

Home Telephone: numero de teléfono _____ Work Telephone: _____

Release of Liability and Authorization Consent to Medical, Surgical, Hospital and Dental Care to Minor:

I am a parent or person having legal custody or the legal guardian of the above participant, and I give permission for the child to participate in Livingston Recreation Splash of Color Run. In consideration of the child being permitted to participate in the above Recreation activity, I with the intent of binding myself, my spouse(if any), and my heirs, legal representatives, and assigns, release and discharge the Recreation program and Merced County Indian Chamber of Commerce sponsors, from all injuries or damages, suffered by myself or my child while participating in the Recreation Activity. I understand that in signing this release, I do not exempt or release the City of Livingston, its council persons, employees, agents, assigns or the Recreation program sponsors from responsibility for any fraud, willful injury or willful or negligent violation of the law committed by any such persons. I further understand that: "The City of Livingston **do not have or provide medical or accident insurance** for persons involved in programs sponsored by the Recreation Department." **I also understand that once Shirts and color have been ordered April 30, 2024 there are NO REFUNDS.** _____ int.

The UNDERSIGNED, who is a parent or person having legal custody or the legal guardian of the above-named child, hereby authorizes any adult employee of the City of Livingston Recreation Department, into whose care the child has been entrusted, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the child under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act, or to consent to an x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the child by a dentist licensed under the provisions of the Dental Practice Act. It is understood that the City of Livingston neither assumes nor admits to any liability for payment of any medical or related services, including ambulance fees, rendered pursuant to this authorization. This authorization is given to consideration of participation of the named child in a program or programs conducted by the City of Livingston.

Please Print Name: _____

Signed Parent/Legal Guardian :(firma) _____ **Date:** _____

Note to Parents: The purpose of this form is to authorize adult employees of the City of Livingston to obtain medical, surgical or dental aid for your child should the need arise. The authorization is given pursuant to the provisions of Section 25:8 of the Civil Code of California. Aviso para los Padres: El propósito de esta forma es de autorizar a los empleados adultos de la Ciudad de Livingston a obtener ayuda médica, quirúrgica o dental para su niño(a) si surge la necesidad. La autorización es dada conforme a las provisiones de la Sección 25:8 del Código Civil de California.

Order Form - Registration Deadline April 15, 2024 – Turn form into City Hall

Please Check the admission to the event you want:

____ **VIP Package / Color Kit \$25 includes t-shirt, bandana, sunglasses, wáter, color and event entry**

____ **No Frills Package / \$20 color and event entry**

(staff use only) Amount Paid _____ **ck#** _____ **Date** _____ **Initials** _____