



Participant's Name	DOB	School Attending	Grade	Male or Female	Shirt Size	Experience Singing Yes or No

Name of Parent or Legal Guardian (nombre) \_\_\_\_\_

Address (dirección) \_\_\_\_\_

City (ciudad) \_\_\_\_\_ Zip-code \_\_\_\_\_

Phone Number (numero de teléfono) \_\_\_\_\_ TEXT Number \_\_\_\_\_ Wk \_\_\_\_\_

Email \_\_\_\_\_

Mailing Address: (dirección de envío)(if different then above): \_\_\_\_\_

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: \_\_\_\_\_

Family Physician (oficina de medico): \_\_\_\_\_ Physician's Telephone: (medico telefono) \_\_\_\_\_

\* List any special instructions, all allergies, immunizations, medications regularly taken, or any medical conditions, etc (liste alergias) \_\_\_\_\_

Do you need an accommodation/ if so explain: \_\_\_\_\_

**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 Program. 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 sponsors, from all injuries or damages, suffered by the child while participation in the Recreation Activity. I understand that in signing this release, I do not exempt or release the City, its council persons, board members, 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 **does not have or provide medical or accident insurance** for persons involved in programs sponsored by the Parks, Recreation and Community Services Department." **I also understand that I will be required to purchase the performance outfit which may also require fundraising participation. Attendance to practice is required and absences can result in expulsion from the choir. There is a "No Tolerance Policy" for discipline, Children that do not behave or cause problems to other choir members will not be allowed to continue in the program. Due to space limitations class observation may not be allowed.**

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 Signing Parent 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.