

# Redondo Beach Afterschool Playground Program REGISTRATION AND EMERGENCY FORM

School Year: **2016-2017**

Please circle one: Alta Vista \* Beryl \* Birney \* Jefferson \* Lincoln \* Madison \* Tulita \* Washington

FAMILY NAME (last name): \_\_\_\_\_

Extended Hours: Yes / No

1) First Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

2) Second Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

3) Third Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

PARENT/PAYER'S NAME: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home #: ( ) \_\_\_\_\_ Work #: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

ADDT'L PARENT/GUARDIAN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: ( ) \_\_\_\_\_ Work #: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_

**ADDITIONAL EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Hm#: \_\_\_\_\_ Wk/Cell#: \_\_\_\_\_

Child's medical conditions or allergies \_\_\_\_\_

SESSION #: \_\_\_\_\_

**EXTENDED HOURS ~ 5:30-6:00PM**

YES or NO (Additional \$30 / month ~ circle one)

**METHOD OF PAYMENT: (NO REFUNDS)**

Check enclosed

Credit Card: M/C or VISA

No. \_\_\_\_\_

Authorization for auto-pay monthly (20-day session)

Authorization for auto-pay trimester (60-day session)

**Authorization for Extended Hours (\$30 / month extra)**

Exp. Date \_\_\_\_\_

Office use only:					
Initial	Amount paid	Initial	Amount paid	Initial	Amount paid
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Fee automatically deducted for each session on the payment due date. Two-week notice in writing prior to start of session is required for cancellations. Be sure to include credit card number and expiration date in the space provided.

**RELEASE OF LIABILITY:**

To the fullest extent permitted by law, I absolve and release all officers, employees, elected and appointed officials, and volunteers of the City of Redondo Beach and the Redondo Beach Unified School District from and against any liability which may result from participation in the Redondo Beach Recreation Afterschool Playground Program by my child(ren) or that of any minor in my legal custody. I also give permission for any necessary emergency medical treatment. I understand and agree that my child(ren) must leave Redondo Beach Unified School District premises after the Redondo Beach Recreation Afterschool Playground Program non-custodial activities have concluded. I understand that the City of Redondo Beach or Redondo Beach Unified School District have no obligation to supervise my child(ren) at the close of any non-custodial or supervised activity; and, therefore, I absolve and release the City of Redondo Beach or Redondo Beach Unified School District and all officers, employees, elected and appointed officials, and volunteers from and against any liability for any incident that occurs prior to, during and after non-custodial activities have concluded. I understand and agree that all officers, employees, elected and appointed officials, and volunteers from and against of the City of Redondo Beach and the Redondo Beach Unified School District are not liable for any incident that may occur as a result of noncompliance with any portion of this Agreement. All participants involved in Redondo Beach Recreation Afterschool Playground Program activities may be photographed and such photographs may be used to publicize City programs/activities. This indemnification obligation shall survive this Agreement.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Community Services Department \* 1922 Artesia Blvd \* Redondo Beach, Ca 90278 \* Attn: Playground Registration  
(310) 318-0610, x3460