



## El Molino Summer Mini Camp Registration

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Entering Grade \_\_\_\_\_ School \_\_\_\_\_ Gender: F M Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ email \_\_\_\_\_

### **Dismissal/Sign Out**

**My child will** be picked up \_\_\_\_\_ Walk home \_\_\_\_\_

1) My child may be picked up by the following adults (Note: must be 18 years or older)

\_\_\_\_\_  
\_\_\_\_\_

### **Medical Information**

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ Group \_\_\_\_\_

Family Doctor Name \_\_\_\_\_ Phone Number \_\_\_\_\_

### **Emergency Contacts** (In case of emergency and the parent or caregiver cannot be reached, please notify)

Name #1 \_\_\_\_\_ Relationship to family \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name #2 \_\_\_\_\_ Relationship to family \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### **Please list any current medications, medical conditions, recent injuries, and food or drug allergies:**

\_\_\_\_\_  
\_\_\_\_\_

Is there any medical reason why your student should not participate in certain physical activities? Yes No

If yes, please explain: \_\_\_\_\_

### **For Emergency Treatment:**

I authorize the West Sonoma County Union High School District to arrange for transportation in case of accident or acute illness of the participant. In the event it is not possible to receive instruction for the participant's care, consent is given to any licensed physician for treatment. I allow the physician to administer medication and to perform necessary treatment for the preservation of the participant's health and well-being. I understand that any cost incurred for treatment of sudden illness or accident shall be paid by me. This authorization and consent for treatment is given to the West Sonoma County Union High School District in conjunction with any authorized event.

\_\_\_\_\_  
**Parent/ Legal Guardian Signature or Participant (if over 18)**

\_\_\_\_\_  
Date

## Waiver, Release And Hold Harmless Agreement

In consideration of permission granted by West Sonoma County Union High School District allowing me to participate in the \_\_\_\_\_ (the "Activity"), which will occur on \_\_\_\_\_, which is sponsored by \_\_\_\_\_, I (together with my

parent or guardian, if I am under the age of eighteen or under a legal disability) represent, covenant and agree, on behalf of myself and my heirs, assigns, and any other person claiming by, under or through me, as follows:

1. I acknowledge that participating in the Activity involves certain risks (some of which I may not fully appreciate) and that injuries, death, property damage or other harm could occur to me or others. I accept and voluntarily incur all risks of any injuries, damages, or harm which arise during or result from my participation in the Activity, regardless of whether or not caused in whole or in part by the negligence or other fault of West Sonoma County Union High School District, The Trustees of WSCUHSD, and/or its or their departments, trustees, affiliates, employees, officers, agents or insurers ("Released Parties").

2. I waive all claims against any of the Released Parties for any injuries, damages, losses or claims, whether known and unknown, which arise during or result from my participation in the Activity, regardless of whether or not caused in whole or part by the negligence or other fault of any of the Released Parties. I release and forever discharge the Released Parties from all such claims.

3. I agree to indemnify and hold the Released Parties harmless from all losses, liabilities, damages, costs or expenses (including but not limited to reasonable attorneys' fees and other litigation costs and expenses) incurred by any of the Released Parties as a result of any claims or suits that I (or anyone claiming by, under or through me) may bring against any of the Released Parties to recover any losses, liabilities, costs, damages, or expenses which arise during or result from my participation in the Activity, regardless of whether or not caused in whole or part by the negligence or other fault of any of the Released Parties.

4. I have carefully read and reviewed this Waiver, Release And Hold Harmless Agreement. I understand it fully and I execute it voluntarily.

EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Student Signature Student's Printed Name

\_\_\_\_\_  
Parent or Guardian Signature (if applicable) Parent/Guardian Printed Name