

**City of Livingston Recreation Department Release and
Permission to Participate Disc Golf Tournament
Prior Disc Golf Experience (circle one) Lots Some None**



Participant's Name	DOB	Age Today	Male or Female	Fee

Name of Parent or Legal Guardian (nombre) _____

Address (dirección) _____

City (ciudad) _____ Zip-code _____

Phone Number (numero de teléfono) _____ Cell Number _____ Wk _____

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

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: _____

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, 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 once registered there are NO REFUNDS.**

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.