



LGS RECREATION

123 E. Main St. Los Gatos, CA

Phone: 408-354-8700 ♦ Fax: 408-395-3828

www.lgsrecreation.org

Clubhouse Registration Card 2015-2016

Foothill Fall School Musical Participation

9/11/15-11/14/15

*PLEASE PRINT CLEARLY

CHILD'S

LAST NAME _____

CHILD'S FULL NAME (First/Last): _____		Grade in 2015/2016 _____
Child is living with: _____	Date of Birth: _____	
Child's School: _____		
MOTHER'S FULL NAME: _____		
Address: _____	City _____	Zip _____
Phones Day: _____	Evening: _____	Cell/ Pager #: _____
FATHER'S FULL NAME: _____		
Address: _____	City _____	Zip _____
Phones Day: _____	Evening: _____	Cell/ Pager #: _____

Dentist (Name/Phone): _____ Physician (Name/Phone): _____

In the event of a 911 emergency, name of hospital you prefer your child to be taken: _____

Any special health problems? Allergies/Meds: _____

Custody Information: _____

Please list three people who may pick up or be contacted if your child is unable to remain at the Day Care due to illness or injury and you cannot be reached. Please Print Clearly:

Name _____	PHONE #: _____
Name _____	PHONE #: _____
Name _____	PHONE #: _____

The undersigned, in consideration of participation in this program agrees to indemnify and hold the LGS Recreation, its contractors, employees and volunteers harmless and release the LGS Recreation, its contractors, employees and volunteers from any and all liability for any injury which may be suffered by the named individual(s) registered in this program, arising out of, or in any way connected with participation in this program. I have read the above application and agreement, and fully understand that I assume all risks for any injuries received. I give my consent for emergency medical or dental treatment, including transportation to the nearest emergency aid facility, if my child is injured. Model Release: I release the photographer and the Recreation Department from liability for any violation of any personal or proprietary right I have in connection with any reproduction of or use of photographs in which I appear. I consent to the reproduction or use of photographs with or without my name (or other registered participants) taken of me during recreation programs. I HAVE READ THE CLUBHOUSE INFORMATION POSTED AT THE SITE AND CREDIT APPLICATION. I FULLY UNDERSTAND THAT I ASSUME ALL RISKS FOR ANY INJURIES RECEIVED, MEDICAL AND TRANSPORTATION FEES AND AGREE TO ACCEPT FINANCIAL RESPONSIBILITY AND ABIDE BY CLUBHOUSE RULES/POLICIES.

PRINT NAME (Parent/Guardian) _____ DATE: _____

SIGNATURE (Parent/Guardian) _____

PLEASE NOTE: THIS PAGE MUST BE SUBMITTED WITH YOUR REGISTRATION FORM. ALL REQUESTED INFORMATION MUST BE ENTERED ON THE FORM.

**FAILURE TO COMPLETE OR TURN IN THIS FORM
WILL DELAY REGISTRATION FOR YOUR STUDENT.**