



REGISTRATION FORM Summer 2010—Spring 2011

Participants must be 6-17 years old, Santa Monica resident or child attends school in Santa Monica

Please print and fill out completely. Proof of age is required.

Child's Full Name (First and Last) _____

Male Female Birth Date _____ Age _____

School _____ Grade _____

Special Needs / Medications _____

Cultural / Ethnic Background (optional) _____

Parent's / Guardian's Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____

Person to notify in the event of an emergency.

Name _____

Address _____

Home Phone _____ Work Phone _____

Relationship to child _____

WAIVER, RELEASE AND ASSUMPTION OF RISK

WAIVER, RELEASE AND ASSUMPTION OF RISK In consideration of the applicant's participation in Santa Monica Police Activities League's program activities, including on-site and off-site activities, I waive and release all claims for damages for death, personal injury or property damage that may occur as a result of engaging in said activity or any activity incident thereto. This discharges in advance the City of Santa Monica, Santa Monica Police Activities League Board of Directors, its employees and other agents from liability even though that liability may arise out of their negligence. I know that this activity involves a risk of accidents, and I willingly assume the risk. This waiver, release and assumption of risk is binding on my heirs and assigns. I give permission for any medical care that the leaders of the above deem necessary.

PHOTO RELEASE I hereby consent to the photographing, recording or reproduction in any other manner (including use of videotapes and audiotapes) of the likeness, voice and/or activities of participant and further authorize the City of Santa Monica, Santa Monica Police Activities League Board of Directors, its agents or assigns, to make unlimited use of such reproductions, including, but not limited to broadcasting to the public of the reproductions over radio and television stations or the internet. I understand that I will not receive any monetary compensation now, or in the future, for participating. I do hereby release and hold harmless the City of Santa Monica, Santa Monica Police Activities League Board of Directors, its officers and employees, from any claims.

Parent/Guardian Signature _____ Date _____



Drop off completed form at Santa Monica Police Activities League (PAL),
1401 Olympic Blvd. , Santa Monica. For more information, please call
(310) 458-8988 / (310) 458-8995 FAX /TTY (310) 458-8696.

