

# Preschool emergency form

V I S T A R E C R E A T I O N . C O M

Child's Name \_\_\_\_\_ Male / Female  
 Birth Date (MM/DD/YYYY) \_\_\_\_\_ Age \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home phone \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**~IDENTIFICATION WILL BE REQUIRED WHEN PICKING CHILD UP~**  
 Parent/Guardian (1st contact) \_\_\_\_\_  
 Day phone \_\_\_\_\_  
 Parent/Guardian (2nd contact) \_\_\_\_\_  
 Day phone \_\_\_\_\_



**RELEASE AUTHORIZATION** (persons other than parents)

Name (3rd contact) \_\_\_\_\_ Phone \_\_\_\_\_  
 Name (4th contact) \_\_\_\_\_ Phone \_\_\_\_\_  
 Name (5th contact) \_\_\_\_\_ Phone \_\_\_\_\_  
 Name (6th contact) \_\_\_\_\_ Phone \_\_\_\_\_

**HEALTH & SAFETY INFORMATION**

- Medical Conditions/Accommodation: \_\_\_\_\_
- Allergies: \_\_\_\_\_
- Staff may apply sunscreen to my child as the need arises. (SPF 30 or higher will be supplied by the program.)
- Custody Agreement (If yes, a copy of the agreement must be kept on file with the Preschool Program Office.)

**RELEASE/INDEMNIFICATION AND COVENANT NOT TO SUE**

In consideration of my child's participation in Smart Start or Ready Set Learn, I \_\_\_\_\_ (parent/guardian), the undersigned hereby voluntarily release, waive, discharge and relinquish any and all actions or causes of action for personal injury, property damage or wrongful death occurring to my child arising as a result of engaging or receiving instructions in said activity or any activities incidental thereto wherever period said activities or instructions may continue, and the undersigned does for him/herself and for his/her estate, agrees that under no circumstances will he/she or his/hers heirs, executors, administrators and assigns prosecute, present any claim for personal injury, property damage or wrongful death against the City of Vista or any of its officers, agents, servants, or employees for any of said cause of action, whether the same shall arise by the negligence of such persons, or otherwise. IT IS THE INTENTION OF \_\_\_\_\_ (parent/guardian), BY THIS INSTRUMENT, TO EXEMPT AND RELIEVE THE CITY OF VISTA and he/she shall indemnify and save harmless the same CITY OF VISTA, a chartered municipal corporation, from any and all claims or causes of action by whomever or wherever made or presented for personal injuries, property damage or wrongful death.

**The Undersigned acknowledges that he/she has read the foregoing paragraphs, has been fully and completely advised of the potential dangers incidental to engaging in this activity and is fully aware of the legal consequences of signing this document.**

**Refund Policy**

Prior to the start of the final day of the session, participants may request a refund or credit. The amount of the refund/credit will be the fee paid less the pro-rated daily rate, based on the number of days elapsed, regardless of attendance, and the processing fee for refunds. All refunds are assessed a processing fee of 25% of the registration fee. All credits expire on July 1<sup>st</sup> immediately after the issue date of credit. All refunds are non-cash and will be processed within four weeks after request. If a request for refund/credit is for a one time event, the refund/credit request must be made prior to the start of the event. If you are unable to attend a class/activity after you have registered, you may request a refund or credit by contacting 760-726-1340 ext. 1501.

Print Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

2011/2012