



GRANDVIEW COMMUNITY CENTER YOUTH DROP-IN REGISTRATION

PARENT CONSENT FORM

CHILD'S FULL NAME: _____ ADDRESS: _____

HOME PHONE #: _____ EMERGENCY CONTACT #: _____

I am fully aware of the special dangers and risks inherent in this activity, including physical injury, death, or other consequences that may arise or result directly or indirectly from the activity. Being fully informed as to these risks and in consideration of the privilege of participating in the described activity, I hereby resume all risk of injury or liability and waive any right of recover from or to bring suit against the City of Grandview for any personal injury, death, or other consequences arising out of participating in the activity, except for the sole negligence of the City of Grandview.

In the event my child is injured, or becomes seriously ill, and I cannot be reached, I authorize the program director or any program personnel, to seek and authorize any and all hospitalization, medical, dental and/or surgical treatment, deemed advisable by the circumstances. I understand that all of the foregoing care will be at my expense. I acknowledge that I have read and do fully understand all of the above.

I certify that I am the parent or legal guardian of the participant(s) named above; that I have read and fully understood the foregoing release; and that I join in the release without reservation, granting full consent and authorization for the above named person(s) to participate in the activity.

Signature of Parent/Guardian

Date

***Known medical conditions and/or allergies: _____

**ANNUAL FEE: \$10 (\$20 NCR): Paid: _____ Receipt No. _____