



Belvedere-Tiburon Recreation
1505 Tiburon Blvd., Suite A, Tiburon, CA 94920
Phone: 435-4355 / Fax: 435-8157

PARTICIPANT INFORMATION FORM SUMMER 2011

Child's Name _____ Grade _____ Date of Birth _____
Mother (Legal Guardian's) Name _____ Phone _____
Father (Legal Guardian's) Name _____ Phone _____
Address _____
Alternate Phone (i.e. cell, work) _____ Email _____

EMERGENCY/HEALTH INFORMATION AND LIABILITY RELEASE

If parent/guardian is not available in an emergency, the recreation staff may contact:

Name _____ Relation _____
Home phone _____ Cell phone _____

Medical/Insurance Information

Child's Physician _____ Phone _____
Medical Insurance Carrier _____ ID# _____
Child's Dentist _____ Phone _____
Dental Insurance Carrier _____ ID# _____

Allergies/Limitations/
Medications _____

The following people have permission to pick-up my child (in addition to parents):

Name _____ Phone _____
Name _____ Phone _____

I hereby grant permission for my child to participate in Belvedere-Tiburon Recreation programs. I hereby release and do not hold liable the Town of Tiburon, City of Belvedere, and the Belvedere-Tiburon Joint Recreation Committee and their employees from claims of any kind for damage or injuries received while participating in activities of the Recreation Department. In the event I cannot be reached in an emergency, I hereby consent to any examination, x-ray, medication, anesthetics, and medical and surgical treatments that may be rendered, based on the recommendation of the nearest physician and medical facility. I have read and understand the refund policy regarding the above program/s. I understand that my child may appear in photos that may be used to promote recreation programs.

Parent/Guardian Signature _____ Date _____