



CITY of CALABASAS

Calabasas Klubhouse Registration Packet **(818)222-9791**

Due no later than 5 i [i gh' ž&\$%

**** note that current families do not need to refill out paperwork unless
information has changed***





CALABASAS KLUBHOUSE REGISTRATION AND MEDICAL INFORMATION

PLEASE COMPLETE ALL INFORMATION (Please use separate form for any additional children)

Child's Name _____ Date of Birth _____

Address _____ City _____ Zip _____

Home Phone _____ Mom's Cell Phone _____ Dad's Cell Phone _____

Father's Name _____ Mother's Name _____

Father's Work Phone _____ Mother's Work Phone _____

In case of an emergency and we cannot reach either parent, whom do you wish us to notify?

Name _____ Phone Number _____

Family Doctor _____ Phone Number _____

Family Dentist _____ Phone Number _____

Does your child have any special needs?

Allergies to any foods? (If yes please state)

Is your child taking any medications? (If yes please state)

The undersigned hereby agrees to defend, indemnify, and hold harmless the City of Calabasas and its officers, employees and agents against any loss, liability charges and expenses (including attorney fees) and costs which may arise by reason of participation in any program. (The City does not provide accident, medical, liability, workers' compensation insurance for program participants). As a parent/guardian, I hereby consent to emergency treatment of my minor child as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment. I agree to carefully inspect and satisfy for myself that facilities provided are reasonably safe for their intended use. Once having conducted the inspection, I agree to expressly assume the risk of participating at the premises. I understand the City retains the rights to use photos taken during activities for publicity purposes.

Parent Signature _____ Date _____