

**Lake Havasu City Parks & Recreation  
After School Program Pick Up List Form**

Location: \_\_\_\_\_

Participant's Name (last name, first name): \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_      Age: \_\_\_\_\_      Grade: \_\_\_\_\_      Gender: \_\_\_\_\_

Address: \_\_\_\_\_      City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_      Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_      Phone: \_\_\_\_\_

Photographs may be taken for promotional purposes during programs. May the Participant's photo be published in brochures and media releases?    Yes \_\_\_    No \_\_\_

Does the Participant have any medical conditions, behavioral issues, or allergies?    Yes \_\_\_    No \_\_\_  
If yes, fill out the Additional Health Information & Epi Pen Form.

Is the participant permitted to walk home from the program?    Yes \_\_\_    No \_\_\_

If yes, please indicate the time the participant is permitted to leave the program: \_\_\_\_\_ PM

**FIELD TRIPS**

Swimming at the Aquatic Center?    Yes \_\_\_    No \_\_\_    Movies?    Yes \_\_\_    No \_\_\_

Participant will not be released to anyone whose name does not appear on this form. Identification is required when picking up the participant. The following people, in addition to the parent/guardian (s) listed above, are authorized to pick up the participant from the program. Any of the below listed people may be contacted in case of an emergency. It is the responsibility of the parent/guardian to pick up the participant on time at the end of the program if the participant is not permitted to walk home. Lake Havasu City reserves the right to contact the Police Department if the participant is not picked up in a timely manner.

Name: \_\_\_\_\_      Relationship: \_\_\_\_\_      Phone: \_\_\_\_\_

Name: \_\_\_\_\_      Relationship: \_\_\_\_\_      Phone: \_\_\_\_\_

Name: \_\_\_\_\_      Relationship: \_\_\_\_\_      Phone: \_\_\_\_\_

Name: \_\_\_\_\_      Relationship: \_\_\_\_\_      Phone: \_\_\_\_\_

Name: \_\_\_\_\_      Relationship: \_\_\_\_\_      Phone: \_\_\_\_\_

Name: \_\_\_\_\_      Relationship: \_\_\_\_\_      Phone: \_\_\_\_\_

Name: \_\_\_\_\_      Relationship: \_\_\_\_\_      Phone: \_\_\_\_\_

Name: \_\_\_\_\_      Relationship: \_\_\_\_\_      Phone: \_\_\_\_\_

All changes to this form must be made through the Lake Havasu City Aquatic Center. This form may only be modified by either Parent/Guardian listed above.

**Emergency Medical Release**

To the best of my knowledge, Participant is in good health and adequately immunized to participate in this program. In the event Participant is injured or should require medical attention, I authorize the securing of necessary medical treatment. I acknowledge that I will be responsible for all costs associated with any medical treatment. Confirmation of this authorization will be attempted if the circumstances permit prior treatment by calling the telephone numbers provided.

**Hold Harmless Clause**

To the fullest extent permitted by law, Participant and Participant’s parent or guardian agree to indemnify, defend, save, and hold harmless Lake Havasu City, its departments, agencies, boards, commissions, officers, officials, agents, volunteers, and employees (“Indemnitee”) for, from, and against any and all claims, actions, liabilities, damages, costs, losses, or expenses (including, but not limited to, court costs, attorneys’ fees, and costs of claim processing, investigation and litigation) to which any Indemnitee may become subject, under any theory of liability (“Claims”) to the extent that Claims are caused by the negligent acts, recklessness, or intentional misconduct of the Participant arising out of or as a result of participation in this program. Participant/Parent/Guardian agrees to be responsible for primary loss investigation, defense, and judgement costs where this indemnification is applicable.

**Waiver**

Participant and Participant’s parent or guardian waive the right to any claim for damages or injury of any kind on behalf of Participant, accruing to Participant arising out of or as a result of participation in the program.

I declare that I am the Participant’s parent or guardian. I acknowledge that I read this form completely and understand the responsibilities and privileges of participating in this program as well as the program policies and behavior rules. Participation in this program is voluntary. Lake Havasu City is not responsible for lost or stolen items. Lake Havasu City reserves the right to reconcile customer balances when participant has available account credit.

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature

\_\_\_\_\_

Print Name