BELL GA	ARDENS 🔥 🏅 🔭 Reco	ation & Community Service	š		
K	reative Kids Releas	e Form		Offic	
PLEASE PRINT CLEARLY				Office Use Only	
Participant's Name:				Only	
Telephone Number:	E	Birth date:	Age:	<u> </u>	
Medical Problems, medication	, conditions, special needs,	request or commo	ents:		
I authorize my child to participate In case of an emergency I author licensed physician. I also author nearest hospital. I realize that th The undersigned promises to employees from any and all clair persons or property arising out o I agree that the City of Bell Ga such as publicity, illustration, ad photographs of my child and my transferees to copyright, use and Please circle the class you are enrolling 3 year olds 8:30am	orize a city employee to seek eize a city employee to seek eize a city employee to seek eize acity of Bell Gardens will not indemnify and hold harmles ms, demands, actions, liability of participation in or the presentens may take and use succeptising, and Web content. The property in connection with dipublish the same in print and your child in for this session. 3 year olds 11	treatment for my of mergency transport assume responsitions the City of Bell Gary or loss which management at the City of Person of the City of Buthe identified subject of electronically am	child from an available tation for my child to bility for payment of nurdens and its elected arise from or be incurion activities/events. By child with or without ell Gardens, its represent. I authorize the Cirk. 4 year olds 8:30am	thenedical fees or expresentatives, curred as the result ut their name and sentatives, and emty of Bell Gardens,	directors, agents, or of an injury or damage to for any lawful purpose, aployees the right to take, its assignees and
Tues. & Thurs. @ BGVP	Tues. & Thurs. @ B		Mon., Wed., & Fri. @ BGVP		n., Wed., & Fri. @ BGVP
Winter Session	Spring Session	Summer Session	Fall Sess	sion	Holiday Session
Parent or Legal Guardian Nam	e (Print):				
Parent or Legal Guardian Signo	ature: Please Note: REFUND will only	ha arantad if activity is	cancelled by the City of Pe	Date: _	
	riedse Note. NEI OND will omy l	be granted if detivity is	currence by the city of be	in duruens.	
BELL GA	ARDENS 🔥 🎇 🏃 🦎 Reco	ation & Community Service	š		
	ve Kids Excursion Re			Off	
PLEASE PRINT CLEARLY				Office Use On	
Participant's Name:				e Only	
Telephone Number:	E	Birth date:	Age:	<u> </u>	
Medical Problems, medication, conditions, special needs, request or comments:					
I authorize my child to participate In case of an emergency I author licensed physician. I also authori	orize a city employee to seek ize a city employee to seek e	treatment for my omergency transpor	hild from an available tation for my child to	the	
nearest hospital. I realize that the The undersigned promises to employees from any and all clair	ne City of Bell Gardens will no indemnify and hold harmles	ot assume responsi s the City of Bell Ga	oility for payment of nardens and its elected	nedical fees or exp representatives, c	directors, agents, or
persons or property arising out of	of participation in or the pres	sentation of recrea	tion activities/events.		
I agree that the City of Bell Ga such as publicity, illustration, ad photographs of my child and my transferees to copyright, use and	vertising, and Web content. property in connection with	I grant the City of B the identified subj	ell Gardens, its represect. I authorize the Ci	sentatives, and em	ployees the right to take
By signing this release form I under child at the specified time and loc	erstand that it will be my resp			nake arrangements	to drop off and pick up my
Excursion To:			Your Child's	Class Site:	BGVP NYC
Current Session:	Winter Session	Spring Session	Summer Session	Fall Session	Holiday Session
Parent or Legal Guardian Nam	(- ,)				
Parent or Legal Guardian Signature: Date:					