	BELL GARDEN	S Recreati	on & Community Sexu	ices		
	Min	or Release Fori	n		Offic	
PLEASE PRINT CLEARLY					Office Use Only	
Participant's Name:					Only	
Telephone Number	:	Birth	date:	Age:		
Medical Problems,	medication, conditio	ns, special needs, re	quest or comm	nents:		
In case of an emerge licensed physician. I nearest hospital. I re The undersigned pemployees from any persons or property I agree that the Ci such as publicity, illu photographs of my co transferees to copyr	ency I authorize a city ealso authorize a city ealize that the City of Education and all claims, demains arising out of participity of Bell Gardens mastration, advertising, hild and my property ight, use and publish the syou are enrolling your services.	employee to seek treemployee to seek emergell Gardens will not at a y and hold harmless that, actions, liability cation in or the present y take and use such pand Web content. I grin connection with the same in print and, child in for this month.	eratment for my ergency transports and responsive City of Bell Gor loss which matation of recreathotographs of rant the City of the identified subfor electronical pers 5p	ardens and its elected by arise from or be incu- ation activities/events. my child with or witho Bell Gardens, its repre- bject. I authorize the Ci ly. Fit & Strong 5:30p Mon@BGVP	the medical fees or expenses representatives, directo urred as the result of an i ut their name and for an sentatives, and employe ty of Bell Gardens, its ass Aerobics 10a Mon-Fri@ Ford Karate Beginners 6p	rs, agents, or njury or damage to y lawful purpose, es the right to take
Parent or Legal G	_		granted if activity	is cancelled by the City of I	Date:Bell Gardens.	
	BELL GARDEN	0 01 10		ces	0	
PLEASE PRINT CLEARLY	Mine	or Release For	n		Office Use	
Participant's Name:					se Only	
Telephone Number	:	Birth	date:	Age:		
Medical Problems,	medication, conditio	ns, special needs, re	quest or comm			
In case of an emergo licensed physician. I	ency I authorize a city also authorize a city e	employee to seek tre mployee to seek eme	eatment for my ergency transpo	eld trip during this sessi child from an available rtation for my child to	the	
The undersigned employees from any persons or property I agree that the Ci such as publicity, illu photographs of my C	oromises to indemnify and all claims, demand arising out of particip ty of Bell Gardens ma stration, advertising, hild and my property	y and hold harmless tinds, actions, liability cations, liability cation in or the presenty take and use such pand Web content. I go in connection with the	ne City of Bell Gor loss which mantation of recreations of the City of the cit	ardens and its elected by arise from or be incu ation activities/events. my child with or witho Bell Gardens, its repre oject. I authorize the Ci	medical fees or expenses representatives, directo urred as the result of an i ut their name and for an sentatives, and employed by of Bell Gardens, its assets.	rs, agents, or njury or damage to y lawful purpose, es the right to take
Please circle all the class	ight, use and publish t es you are enrolling your	child in for this month.				
I Can Dance of Thurs.@NYo				Fit & Strong 5:30p Mon@BGVP	Aerobics 10a Mon-Fri@ Ford	Aerobics 7p Mon-Thurs@ Ford
Ballet & Tumbling 5p Mon.&Wed.@BGVP	Ballet & Tumbling 6p Mon.&Wed.@BGVP	Ballet & Tumbling 7p Mon.&Wed.@BGVP	Folklorico 5:30 Sat.@Ford	p Karate Kidz 5:10p Mon.&Thurs.@BGV	Karate Beginners 6p Mon.&Thurs.@BGVP	Karate Advanced 7p Mon.&Thurs.@BGVP
Parent or Legal G	uardian Name (Print):				
Parent or Legal Guardian Signature: Date:						