

**2017****MCKINLEYVILLE COMMUNITY SERVICES DISTRICT (MCSD)  
Parks and Recreation**

P.O. Box 2037, McKinleyville, CA 95519 839-9003

**OFFICE CODE****2017****Youth Registration & Parental Consent Release and Waiver of Liability Form:**

Basketball, KinderSports, Soccer, KidsClub, KidsCamp, BreakOut, Babysitting, KidsNight, Zumba, DogObedience, Dog Rally/Agility, Birthday Parties, Skating, Boxing, Dodgeball, Volleyball, Special Events, Foreign Language, Dances, Softball, PlayGroup and other activities authorized by my payment.

I, the undersigned, attest that I am the stated minor's parent/legal guardian. As such, I hereby give permission for said minor to participate in any activity sponsored by McKinleyville Community Service District (MCSD). In consideration of the acceptance of an application on behalf of said minor for participation in any programs offered by MCSD, but not limited to any activity occurring from January 1, 2017 - December 31, 2017, I fully understand said minor's participation in recreation programs may expose participant to the risk of personal injury, death, or property damage. I hereby acknowledge said minor will be voluntarily participating in specific programs authorized by my payment and, as such, agrees to assume any risks associated with said programs. I hereby release, discharge, and agree not to sue MCSD for any injury, death, or damage to, or loss of personal property arising out of or in connection with participation in any said programs from whatever cause, including the active or passive negligence of MCSD or other participants in said program. In consideration for said minor being permitted to participate in said programs, I hereby agree, for myself, my heirs, administrators, executors, and assigns that I shall indemnify and hold harmless MCSD, its' agents and employees, from any and all claims, demands, actions, or suits asserted by me or on my behalf out of or in connection with said minor's participation in said program.

Furthermore, I have the legal right and hereby give permission for my son/daughter/ward to participate and be photographed /video taped in any activity sponsored by MCSD. I have the legal right to and hereby give permission for any use of photos or videos of said participant without limitation (including public release) or consideration.

I have carefully read this release, hold harmless, and agree not to sue MCSD or any of its affiliates and understand its contents. I am aware that this is a full release of all liability and I sign it on my own free will.

Please Print Clearly

Primary Guardian (Head of Household): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Last

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Secondary Guardian (living at same address): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Last

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Email address (required for online access): \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

.....  
 Minor's Name: \_\_\_\_\_ Male ☐ Female ☐  
First Last

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

Emergency Contact: \_\_\_\_\_ Phone (H): \_\_\_\_\_ (C) \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Does child have a physical/medical or mental limitation? Allergies? ☐ Yes ☐ No If yes, explain below:

\_\_\_\_\_

**Residential Status**

\*based on address of individual completing form

Is your residence within the McKinleyville Community Services District service area? ☐ Yes ☐ No  
 If not, do you own property or a business within the service area? ☐ Yes ☐ No If yes, explain below:

Business Name

Street Address