



LODI PARKS AND RECREATION DEPARTMENT  
 125 N. Stockton St., Lodi, CA 95240  
 Telephone: (209) 333-6742

## 2008/09 SCHOOL YEAR AFTER SCHOOL PROGRAM PUNCH PASS REGISTRATION FORM

\_\_\_\_\_  
 First Name Last Name MI

\_\_\_\_\_  
 Mailing Address City Zip

\_\_\_\_\_  
 Home Phone Work Phone  M  F Age \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**After School Punch Pass fees:**

- Annual Registration fee: \$30.00
- 5 day punches pass: \$50.00
- 10 day punch pass: \$100.00
- 20 day punch pass: \$200.00

**Please list your child's school site:** \_\_\_\_\_

AGREEMENT AND RELEASE OF LIABILITY As the parent or guardian of a minor child (hereafter "my child") participating in activities of the City of Lodi, Parks and Recreation Department, I hereby waive and release any claims I or my child may have now or in the future, against the City and its officers, employees, contractors, servants and agents (hereafter referred to collectively as "the City") arising from injuries to my child or damages to my child's or my property, sustained while my child is (1) at the City's facilities, (2) participating in the City's activities, or (3) being transported to or from the facilities or activities, regardless of whether such injuries or property damage is caused in whole or in part by the City's alleged active or passive negligence. As lawful consideration for my child being permitted to participate in this activity, my child and I agree to release from legal liability and agree not to sue the City of Lodi.

In the event of an injury to my child, I hereby give the City permission to arrange transportation for my child to a hospital, and/or provide my child with EMERGENCY treatment or first aid, although I understand that the City does not assume any responsibility to take any of these actions. The City is not liable for any medical expenses in the event of an injury.

I hereby give the City of Lodi and the Parks and Recreation Department full permission to use publish and copyright photographic prints or other reproductions from all negatives made of me or my child, either in conjunction with or without using my name for publication, promotion, advertising or display purposes.

This waiver and release shall be valid for the duration of the sessions in which my child is enrolled. I have carefully read this waiver and release and agree to the terms stated and understand that this contract is legally binding and that my child and I are releasing legal rights by signing it. I certify that I am the parent or legal guardian of the child whose name is listed above.

\_\_\_\_\_  
 Parent/Legal Guardian (Please print) Signature Date

<b>For Office Use only</b>			
Date _____	Amount \$ _____	Check # _____	<input type="checkbox"/> Cash <input type="checkbox"/> Charge <input type="checkbox"/> RFP