Duarte Parks and Recreation Department
1600 Huntington Drive * (626) 357-7931

YOUTH PROGRAM PERMISSION FORM

Parks Make Life Better!

_____, _____, _____, Boy ☐ Girl ☐
Name of Child Age Birth Date (Check One)

has my permission to participate in the _____League/Excursion.

He/She attends school at _____, _____, _____
Name of School Grade Division

I, as parent/guardian of participant(s) listed, fully understand that participation in this **program/sport and game and practice bus/van excursions** exposes listed participant to the risk of personal injury, death or property damage. I understand that this program requires strenuous physical activity and endurance. I certify that, to the best of my knowledge, my child is physically, mentally and emotionally capable to participate in said program and agree to assume any risks for me or my child(ren). I hereby release, discharge and agree not to sue the City of Duarte or its employees for any injury, death or damage to or loss of personal property arising out of, or in connection with participation in the program from whatever cause, including the active or passive negligence of the City of Duarte or its employees or any other participants in the program/sport/excursion. The parties to this agreement understand that this document is not intended to release any party from any act of omission of "gross negligence," as that term is used in applicable case law and/or statutory provision. In consideration for being permitted to participate in the program, I hereby agree, for myself, my heirs, administrators, executors, and assigns, that I shall indemnify and hold harmless the City of Duarte or its employees from any and all claims, demands, actions or suits arising out of or in connection with participation in this following program/sport/excursion. I further agree to direct my child to conform to the fullest with the instructions of the recreation officials in charge.

Medical conditions that should be noted: _____

Parent/Guardian_____
Signature

Parent/Guardian_____
Print Name

Address: _____

City:_____Zip:_____

Email: _____

Phone:_____

Emergency Phone:_____

T-SHIRT SIZE (If applicable):
Please check the correct size for your child.

☐ Youth MD (10-12) ☐ Adult MD (36-38
☐ Youth LG (14-16) ☐ Adult LG (40-42)
☐ Adult SM (32-34) ☐ Other _____

Please check the park site where you wish to participate (If applicable):

☐ Andres Duarte School ☐ Beardslee Park
☐ Royal Oaks Park ☐ Valley View School
☐ Maxwell School (inquire with the school)
☐ **Northview Park** (A Division Only)