



2241 Galaxy Court ♦ Concord, CA 94520 ♦ Tel 925-671-7070 ♦ Fax 925-685-0582

Academic Excellence ♦ Boxing ♦ Cheerleading ♦ Dance ♦ Gymnastics ♦ Judo ♦ Outdoor Activities
Rhythmic Gymnastics ♦ Sport Specific Conditioning ♦ Tae Kwon Do ♦ Wrestling

NAME: _____

DATE: _____

RELEASE

I. RELEASE OF LIABILITY

- A. The undersigned recognizes that the use of the equipment and facilities of The Little “C” Athletic Club d.b.a. Community Youth Center (“CYC”) involves a risk of physical injury including that caused by the negligence of himself or herself or CYC, its agents and employees. The undersigned hereby agrees to assume this risk of injury in its entirety regardless of the cause.
- B. The undersigned hereby voluntarily and forever releases, discharges, waives and relinquishes any and all actions, causes of the action, or claims for personal injury, property damage or wrongful death occurring to himself or herself, against CYC, its agents and employees arising out of his or her use of the facilities. The undersigned further relinquishes any action, causes of action, or claims which may hereafter arise, and agrees that under no circumstances will he or she present any claim for personal injury, property damage or wrongful death against CYC, its agents, employees, arising out his or her use of the facilities.
- C. The undersigned agrees that in the event any claim for personal injury, property damage or wrongful death to the undersigned is prosecuted against CYC, its agents or employees, he or she shall indemnify and save harmless the same CYC from any and all such claims and causes of action.
- D. It is the intention of the undersigned, by this instrument, to exempt and relieve CYC, its agents and employees from liability for personal injury, property damage or wrongful death caused by its negligence.
- E. The undersigned further authorizes CYC to photograph or video the Participant during Activities and/or Excursions and to use such photograph(s) or video(s) in brochures, newspapers, or other media describing or depicting CYC.

Dated: _____

Signature: _____

Staff Approval: _____

PARENT/JUNIOR RELEASE

I, _____, am the parent or guardian of _____ and execute this release on his or her behalf.

Dated: _____

Parent Signature: _____

Daytime Phone: _____

How did you hear about us?	Newspaper <input type="checkbox"/>	Webpage <input type="checkbox"/>	Referral <input type="checkbox"/>	Flyer <input type="checkbox"/>	Special Event <input type="checkbox"/>	Other <input type="checkbox"/>
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Information Sheet and Medical Release

Student Name:

_____	_____	_____
Last	First	M.I.
_____		_____
Address	City	State Zip
_____	_____	_____
Phone # w/ area code	Date of Birth	School

Email: _____

Emergency Contact Information

1. _____

Name	Relationship	Address
_____	_____	_____
Day Phone#	Evening Phone#	Cell Phone#
_____	_____	_____

2. _____

Name	Relationship	Address
_____	_____	_____
Day Phone#	Evening Phone#	Cell Phone#
_____	_____	_____

Student's Physician:

_____	_____	_____
Name	Address	Phone

Insurance:

_____	_____	_____
Company	Policy Number	Phone

To Whom It May Concern:

This is to certify that I, parent or guardian of _____, who is a member of the Community Youth Center, hereby grant permission to the adult manager, coach, or staff of C.Y.C. to obtain medical care from any licensed physician, hospital, or medical clinic for the player named herein at such times as either parent or legal guardian cannot be contacted in person or by telephone. This authorization shall include all C.Y.C. activities, including the period required to travel to and from those activities; and I do hereby waive, release, absolve, indemnify and agree to hold harmless the Community Youth Center, its organizers, supervisors, participants, and persons transporting the student to and from those activities, and from any claim arising out of an injury to the student.

Signed: _____ Date: _____ Relationship: _____

I have received and read a copy of the CYC Rules of Conduct: Initials: _____