City of El Centro Parks & Recreation
375 South First Street, El Centro, Ca. 92243
(760) 337-4555, Fax (760) 337-4551

☐**Yoga**	☐**12:00pm-1:00pm**	☐**5:00pm-7:00pm**	
☐**Zumba**	☐**10:00am-11:00am**	☐**5:15pm-6:15pm**	
☐ **Karate**			
☐ **Salsa Dance Lessons**			
☐ **Aerobics**			
☐ **Art Class**	☐**Seniors**	☐**Youth**	☐**Evening**
☐ **Aerobics**			

Name: _____ Age: _____Grade: _____ Gender: _____

Parent/Guardian: _____ Phone: _____

Address: _____City/Zip: _____

Emergency Name & Contact: _____Relationship: _____

Allergies/Medical Conditions: _____

I hereby agree to allow my child to participate in the City of El Centro Parks & Recreation Program. In consideration for permitting my child to engage in the above stated activities. I hereby agree to indemnify and hold harmless the City of El Centro and its officers, agents, employees, or volunteers from any liability which may occur in connection with these requests. I understand my child will be under general supervision of responsible adult supervision during this program. I hereby authorize emergency treatment to be given to my child if needed by competent medical personnel.

I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREE NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND I SIGN IT ON MY OWN FREE WILL.

Signature: _____ Date_____

OFFICE USE ONLY

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