IDENTIFICA	TION AND EMERGE	NCY INFORM	ATION		
Program:			Ma	ıle:	_ Female:
Child's Name:		Birth Date:	/	/	Age:
Address:					
Phone:	,				
Father's Name/Place of Employment:		Bu	siness Ph	one:	
Mother's Name/Place of Employment:		Business Phone:			
IN CASE OF EMERGENC					
Name:					
MEDICATIONS/ALLERGIES:					
MEDICATIONS CURRENTLY TAKING:					
MY CHILD'S DOCTOR IS: If the above named person(s) is/are not avertreatment at a hospital or other medical factors.	railable, I authorize The Lacility: YES	festyle Center a NC	uthorities	to seek i	
Signed:(Parent or Legal Guardian)		Da	te:		
(Parent or Legal Guardian)					Over→
CONSENT	TO MEDICAL TREAT	MENT OF A M	INOR		
NOTE: If the applicant is under 18 years o	of age, the Parents or Lega	ıl Guardians mu:	st execute	in addit	ion to the minor.
I hereby authorize any duly authorized of medical facility to treat said minor while h					
I authorize any licensed physician to perform relieve any injuries or any related unhealth operations. I consent to the administration	y conditions of said mino	r which he/she r	nay enco	unter dur	ing any necessary
I realize and appreciate that there is a posment and I assume any such risk on behalf of any treatment.			•		-
The undersigned Parent, Natural or Legal capacity and agrees to save and hold harm volunteers, doctors, emergency medical t liability, loss, cost, claim or damage whats lack of such capacity to so act and release	lless and indemnify The Lechnicians, paramedics, soever which may be imp	ifestyle Center a nurses, hospitals oosed upon said	nd its dire s or other parties b	ectors, of medical ecause o	ficers, employees, facilities from all
Program or Event Name:					
Signed:Parent or Legal Guardian		Date:			

The Lifestyle Center and Kaweah Delta Health Care District

In consideration of the benefits provided by kid's activities at The Lifestyle Center, I acknowledge that my child's activities there may be physically stressful, may aggravate any pre-existing medical conditions, or could lead to injury. I am assuming all risks of injury to my child or damage to my child's property arising out of or in any way connected with their use of the services, equipment, or facilities of The Lifestyle Center during their participation in kid's activities at The Lifestyle Center.

I hereby release The Lifestyle Center, Kaweah Delta Health Care District and its staff members, officers, directors, agents, and assigns from any and all liability for any damages or injury which my child may suffer while using The Lifestyle Center's facilities as a participant in kid's activities.

This release does not apply to intentional and/or willful acts of misconduct by The Lifestyle Center, Kaweah Delta Health Care District or any of its officers, agents, employees or volunteers.

I have carefully read this agreement and fully understand its contents. I acknowledge that this is a release of liability and a legally binding contract between me and The Lifestyle Center, a division of Kaweah Delta Health Care District.

Date:	Signature of Parent: Parent Name (Please Print):		
	Address:		
Child's Name:	Telephone #:		

The Center
A division of Kaweah Delta Health Care District