



The Ranch
600 Ned's Way, Tiburon, CA 94920 - Phone: 435-4355 / Fax: 435-8157

PARTICIPANT INFORMATION FORM

Camp Name _____ Camp Dates _____

Child's Name _____ Grade _____ Date of Birth _____

Mother (Legal Guardian's) Name _____ Phone _____

Father (Legal Guardian's) Name _____ Phone _____

Address _____

Alternate Phone _____ Email _____

EMERGENCY/HEALTH INFORMATION AND LIABILITY RELEASE

If parent/guardian is not available in an emergency, the recreation staff may contact:

Name _____ Relation _____

Home phone _____ Cell phone _____

Medical/Insurance Information

Child's Physician _____ Phone _____

Medical Insurance Carrier _____ ID# _____

Child's Dentist _____ Phone _____

Dental Insurance Carrier _____ ID# _____

Allergies/Limitations/Medications _____

The following people have permission to pick-up my child (in addition to parents):

Name _____ Phone _____

Name _____ Phone _____

I hereby grant permission for my child to participate in The Ranch programs. I hereby release and do not hold liable the Town of Tiburon, City of Belvedere, and the Belvedere-Tiburon Joint Recreation Committee (The Ranch) and their employees from claims of any kind for damage or injuries received while participating in activities of the The Ranch. In the event I cannot be reached in an emergency, I hereby consent to any examination, x-ray, medication, anesthetics, and medical and surgical treatments that may be rendered, based on the recommendation of the nearest physician and medical facility. I have read and understand the refund policy regarding the above program/s. I understand that my child may appear in photos that may be used to promote recreation programs.

Parent/Guardian Signature _____ Date _____