



Consent for Instruction and/or Activities for Minors

Date: _____ Child's name: _____ Age: _____
Parent-legal guardian name (relationship): _____
Emergency contact numbers: Home: _____ Cell: _____ Work: _____
Address: _____ City: _____ Zip Code: _____
Other emergency contacts and phone: _____

I give consent for the above-named child to participate in the following activities:

- Active exercises such as running, jumping, playing tag, aerobics, dance, etc.
- Sports such as soccer, basketball, volleyball, field hockey, etc.
- Other: _____
- Please list child's physical limitations: _____

Nutrition education classes, including handling and eating foods and drinks. (Snacks and drinks may also be served at exercise or sports classes.). Please list any foods or drinks you cannot touch or eat:

- | | |
|----------------------------------|--|
| <input type="checkbox"/> Peanuts | <input type="checkbox"/> Fish |
| <input type="checkbox"/> Milk | <input type="checkbox"/> Shellfish |
| <input type="checkbox"/> Wheat | <input type="checkbox"/> Nuts |
| <input type="checkbox"/> Eggs | <input type="checkbox"/> Strawberries |
| <input type="checkbox"/> Soy | <input type="checkbox"/> Others: _____ |

Does your child require an Epi-Pen? ___ Yes ___ No If yes, please bring the pen to class, and your parent must stay during class.

The activities will take place at:

- CREER Comunidad y Familia Conference Center
- Family Resource Center
- City / County / School Property: Facility Name: **CREER Offices** _____
- Other: _____

In the event of an emergency, I authorize the CREER Comunidad y Familia staff and volunteers or contractors to secure from any licensed hospital, physician and/or medical personnel (911 services) any treatment deemed necessary for the minor's immediate care and I agree that I will be responsible for payment of any and all medical services rendered.

I certify that I am the parent or legal guardian of the above mentioned minor, and I give my permission for him/her to participate in the activities as described above. I certify that my child is physically fit such that he/she is able to participate in these activities and waive, release and discharge the CREER Comunidad y Familia staff and/or volunteers, and/or the City, County or other organization whose facilities are being used for this program, and their respective officers, employees, representatives, agents, and contractors (collectively, the "Released Parties") from any and all liability, claims or causes of action for injuries, illness, damages or loss which the above mentioned minor may sustain while participating in the activities.

Signature of Parent or Legal Guardian: _____ Date: _____