

City of Sacramento, Department of Parks and Recreation

# 28<sup>TH</sup> & B SKATE PARK

## JUNE SKATEBOARD CAMP

with local pro skater Matt Rodriguez.

**DATE: JUNE 22ND – JUNE 26TH**

**TIME: 10:00 AM - 1:00 PM**

**COST: \$150 PER PERSON**

**(INCLUDES LUNCH & T-SHIRT)**

Fill out form below and return to skate park with payment or mail to:  
**5699 S. Land Park Drive Sacramento, CA 95822**

**Please register by Monday, June 15th.**

**Questions or more info call 808-4066.**

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**The City of Sacramento, Department of Parks and Recreation  
Skate Camp Registration Form  
June 09**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact : \_\_\_\_\_

Shirt size: Youth / Adult    sm    med    lg

I understand that serious accidents occasionally occur during recreation activities. Knowing the risk and in consideration of being permitted to participate in City of Sacramento recreation activities, I agree to assume all risks connected therewith. I agree to release and discharge in advance the City of Sacramento, its officers, employees, agents, and contractors from any and all liability for personal injury, death, or property damage connected with my participation, even though that liability may arise out of their negligence or carelessness. This release shall remain in effect until revoked in writing. I also assume full responsibility for the above child's behavior and agree to pay for all damages to property or persons caused by the aforementioned. If a participant's behavior interferes with the program, I will be contacted. Further disciplinary problems may result in expulsion from the program.

**Permission for Medical Treatment**

In case of an accident or injury, I authorize a staff member of the City of Sacramento to call the 911 emergency number. I give my consent to any medical treatment felt necessary by an attending physician for the physical well being of the child mentioned above. I further understand that the responding medical emergency team will provide emergency treatment as they deem necessary for the safety and protection of my child at my expense.

**Consent to Photograph, Film or Tape**

I agree to have photographs, films, videotapes or tape recordings taken of me or minor child registered under my signature while participating in City of Sacramento programs. I permit these photographs, films or tapes to be released to be used in publications, promotional materials, web site, and for other public information purposes by the City of Sacramento. If I do not consent, Parks and Recreation staff leading the program for which I am registered must be informed of and record my non-consent.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

