

## **RECREATION AND PARKS DEPARTMENT PARENT PERMISSION SLIP**

I give my permission for		to participate in	the following
activity:			
School	Age	Grade	_
Address		Phone	
The undersigned agrees to hold	the City of Capta M	aria and any other officer or ampl	over thereof

The undersigned agrees to hold the City of Santa Maria and any other officer or employee thereof harmless from any claim for injury or accident to the above named arising out of or in any way connected with the named activity. I recognize that this recreation program may have some inherent risks, and I accept the responsibility to identify those risks and accept them. In case of an accident arising out of the named activity, medical assistance may be administered to the person named herein. Permission slip will act as medical release.

## Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

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