

**ConstantRecreation.com**  
**PERMISSION & MEDICAL RELEASE FORM**

I give my child \_\_\_\_\_  
permission to attend the ConstantRecreation.com program. I, the undersigned, am familiar with the nature of activities and certify that I  
have read and understand this waiver and release as it applies to myself and to any minors for whom I am signing.

**Class** \_\_\_\_\_

**Date(s)** \_\_\_\_\_ **Cost** \_\_\_\_\_

**Parent or Guardian Name(s)** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Email** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

☐ I give my permission to have photos taken of my child during the program to be used by ConstantRecreation.com in website  
and other internet publicity and/or in future publications, brochures and/or flyers. \_\_\_\_\_ (Initials)

**Special Alert** \_\_\_\_\_

**Birthday** \_\_\_\_\_ **Sex** \_\_\_\_\_ **Age** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Persons authorized to pick-up child (other than parent/guardian) or to be called for emergencies:**

**Name #1** \_\_\_\_\_ **Address** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Relationship** \_\_\_\_\_ **Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Name #2** \_\_\_\_\_ **Address** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Relationship** \_\_\_\_\_ **Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

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**Current medical conditions (allergies, epilepsy, motion sickness, etc.)**

\_\_\_\_\_

**Current Medications** \_\_\_\_\_

I realize that every precaution is taken to eliminate any injuries or hazards and a competent supervisor is present; however, in the event of injury  
to my child, I hereby waive, release and hold harmless from any liability for damages or claims for damages for personal injury, including accidental  
death, as well as, from claims for property damage which may arise in connection with the above named activity against the contractor or Con-  
stantRecreation.com.

Signature \_\_\_\_\_ Relationship to child \_\_\_\_\_ Date \_\_\_\_\_

**PAYMENT** ☐ Check Payable to ConstantRecreation ☐ MC/VISA ☐ AMEX

**ACCOUNT NUMBER**

**NAME ON CARD** \_\_\_\_\_ **EXP. DATE** \_\_\_\_\_ **SECURITY CODE** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_ **TOTAL AMOUNT** \_\_\_\_\_

Please fill out completely, sign and email form with credit card info to [CapoSchoolLife@gmail.com](mailto:CapoSchoolLife@gmail.com)  
With Check, mail to: ConstantRecreation / PO Box 1085 / San Clemente, CA 92674