



City of Costa Mesa ♦ Parks and Community Services Department

**Swim Instructor Aid (S.I.A.)
Emergency Contact Information Form**

S.I.A. Name: _____ DOB: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: () _____ Cell Phone: () _____

IN CASE OF AN EMERGENCY, PLEASE CONTACT:

Primary Contact Name: _____

Relationship with S.I.A.: _____

Home Phone: () _____ Cell Phone: () _____

Secondary Contact Name: _____

Relationship with R.L.I.T.: _____

Home Phone: () _____ Cell Phone: () _____

Minor Release Waiver

I agree to waive and release the City of Costa Mesa, its officers, agents, employees, and volunteers, from and against any claims, cost, liabilities, expenses or judgments, including attorney's fees and court cost arising out of my participating in CITY'S PROGRAMS or any illness or injury resulting there from, and hereby agree to indemnify and hold harmless the CITY from and against any and all claims, except for illness and injury resulting directly from gross negligence or willful misconduct on the part of CITY or its employees.

I hereby consent to the treatment and all medical care deemed necessary as a result of accident or injury. I further agree to pay any and all cost incurred as a result of said treatment.

If your child has been the subject of discipline/suspension/expulsion in any recreational programs; then the City reserves the right to immediately un-enroll a child who has had this history and exhibits disruptive conduct. Participants in programs are subject to being photographed and such photographs may be used to publicize future city programs, and understand I will not receive any compensation for such use.

The City of Costa Mesa Recreation Division "Civility Conduct Policy" provides a safe, friendly and comfortable environment for our participants and staff to recreate together by "treating others as you want to be treated". I understand as a participant and/or my children as a participant who violates the "Civility Conduct Policy" and depending on the severity the following actions will apply: verbal warning; immediate removal from a program/event; denied future participation.

By signing this form, I have read and understood the contents of this form and agree to abide by the policies stated.

Parent or Guardian Signature

Parent or Guardian Name (Please Print)

Date

Primary Phone

Secondary Phone