



Central Coast Beach Adventure 2019

EVENT REGISTRATION & RELEASE FORM

September 20-22nd, 2019 | **REGISTRATION DEADLINE: August 30th, 2019**

Please return this form to the ALISA ANN RUCH BURN FOUNDATION:

911 H Street, Fresno, CA 93721 | ecorona@aarbf.org | Phone: 559-621-4016 | Fax: 818-848-0296

NAME OF PARTICIPANT: _____ AGE: _____ DATE OF BIRTH: _____

NAME OF PARENT/GUARDIAN: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: (Home) _____ (Work) _____ (Cell) _____

EMAIL: _____

SEX: M - F 1ST BEACH ADVENTURE? Y - N 1ST AARBF EVENT? Y - N ETHNICITY _____

PLEASE CHOOSE A PICK-UP LOCATION: (DEPENDANT UPON AVAILABILITY)

- Southern California - Pasadena (Drop off at 11am, pick up at 3pm) *times may vary
- Central California - Bakersfield & Clovis (Drop off at 12:00pm, pick up at 3pm) *times may vary
- Northern California - San Jose & Oakland (Drop off at 12:30 pm, pick up at 3pm) *times may vary

IN THE EVENT OF AN EMERGENCY NOTIFY:

NAME	TELEPHONE	RELATIONSHIP

MEDICAL INSURANCE:

COMPANY: _____ POLICY #: _____ GROUP#: _____

1. Will you take any type of medication during this event?

YES NO If yes, please detail the medication name, frequency and amount taken.

2. Do you require assistance with daily living tasks (eating, dressing), or have dietary restrictions or allergies?

YES NO If yes, please detail, and we will provide assistance to the best of our capacity.

We may not be able to accommodate all medical needs.

In order to participate in this event, we REQUIRE the following information:

Can your child swim easily underwater and in the deep end without assistance? Yes No

Please note, in order to be able to surf, your child must be able to swim underwater in the ocean.

Height:	
Weight:	
Shirt Size:	



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Special Event Permission Form

My child _____ has my permission to attend the **Surf Trip, September 20-22, 2019**. I understand that my signature below represents my child's actions and if any rules are broken, I will pick them up immediately, at my own expense. In case of an emergency, I will also be responsible to pick up my child, at my own expense.

PARTICIPANT AND GUARDIAN CONTRACT

- I am aware that surfing, kayaking, boating, rock-climbing, skiing, snowboarding, snowmobiling, hiking, mountain biking, water/paddle sports and other outdoor activities are hazardous sports that can result in serious injury, death or other damage. I accept the risks inherent in these activities and in the lake, mountains, trails and other environments for my child. I accept responsibilities for my child to be informed, to ski, snowboard, hike, mountain bike, swim and participate in such activities safely, to follow established safety guidelines, and to obey all posted behavior notices, rules and policies. I understand the nature of these activities and assume responsibility for my child's physical fitness and capability to perform the activities involved. I also assume responsibility for obtaining any medical examination relating to my child's physical capability and fully assume the risk of failing to obtain any said medical examination for my child.
- I understand that AARBF reserves the right to monitor all social media posts and photos related to AARBF staff, volunteers, clients, events, etc. Posts and photos that may harm the goodwill or reputation of AARBF; that are disparaging, discriminatory or harassing any staff, volunteer, client or other person associated with AARBF; or include any confidential or private information concerning a staff, volunteer, client or other person associated with AARBF is considered a breach of acceptable conduct and may be subject to a request for immediate removal.
- While participating in this event, I understand that unacceptable behavior, drugs, alcohol, weapons or firearms will not be tolerated, and may result in my child's dismissal and/or prosecution.
- In accordance with California Law, if my child is under the age of 8, I will provide an appropriate booster seat for safe transportation. I understand that the booster seat will be returned to me after the trip.
- While participating in this event, my child is expected to follow the directions of those assigned to his/her supervision.
- I hereby release and hold harmless the Alisa Ann Ruch Burn Foundation from any civil damages resulting from my child's participation in this event.
- I hereby give permission to the physician or medical personnel selected by the Alisa Ann Ruch Burn Foundation to obtain and administer surgical and medical treatment, hospitalization and medication for my child's care in the case of an emergency.
- I understand that the insurance held by the Alisa Ann Ruch Burn Foundation is secondary, and is supplemental to my own health insurance.
- I understand that my cooperation and consideration of pick-up and drop-off times is required for my child to attend the Surf Trip and future AARBF events.

Participant Signature

Date

Parent or Guardian Signature

Date

PHOTOGRAPH/VIDEORELEASE

The Alisa Ann Ruch Burn Foundation needs your help to provide burn prevention education and burn survivor assistance. You can help the AARBF to increase support for its valuable survivor programs like the Central Coast Beach Adventure trip, by allowing us to use your child's photos for our website and publications. To do this, we need your authorization. Please check the box next to the appropriate answer and sign below.

Yes, I authorize the Alisa Ann Ruch Burn Foundation to use photograph and video for publication. I understand that my child's last name, the cause of my child's burns, and other sensitive personal information will not be revealed without my specific consent.

No, I do not want my child to be photographed or videotaped in any way.

Parent or Guardian Signature

Date

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