



SATURDAY, NOVEMBER 11TH GOLDEN GATE PARK

Come join FEC's Teen Action Leadership Committee and spend a day biking at Golden Gate Park in the heart of San Francisco. TALC will be teaming up with Trips for Kids to explore the world renowned park. Don't miss out on this great trip to the City by the Bay!

Biking Date: Saturday,
November 11, 2017

Meet at Howe Park:
8:00 am (2201 Cottage
Way)

Arrive Back: 4:30 pm
(approx.)

Cost: \$12 (includes
mountain biking, lunch
and transportation)

Please Have **all forms**
completed and turned in
to the district office by
no later than **Friday**
November 3rd

To Participate you
must be at least 4'6
or Taller

Space is Limited

For more Info contact: Jaden
at (916)927-3802 x125

This is not a program
of the San Juan
School District and
San Juan accepts no
liability or
responsibility for this
program.



Fulton-El Camino Recreation and Park District
2201 Cottage Way / Sacramento, CA 95825
916-927-3802

**Teen Action Leadership Committee
Information Sheet and Packing List for Camping Trip:**

Registration Due: November 3, 2017. \$12 due at registration.

Contact Information:

District Office: 927-3802

Jaden Delfer, Recreation Supervisor: 927-3802 x125

Trip Information:

We will be taking a biking adventure around San Francisco's Golden Gate Park. We are partnering with a non-profit organization called Trips for Kids (TFK). TFK will provide bikes, helmets, and guides for the adventure. FEC will provide transportation, chaperones, food, and logistics for the adventure.

Drop Off:

Drop off at Howe Park at 2201 Cottage Way on Tuesday, November 11th at 8:00 am

Pick up at Howe Park at 2201 Cottage Way on Tuesday, November 11th at approximately 4:30 pm

Needed Supplies:

Closed Toed Shoes.

Comfortable pants or shorts.

Light-weight jacket or sweatshirt.

Optional: sunglasses

Fulton-El Camino Recreation and Park District
2201 Cottage Way / Sacramento, CA 95825
916-927-3802

**Teen Action Leadership Committee
District Participation and Transportation Permission Slip**

I, _____, give my child _____ permission, to participate in the TALC Mountain Biking Trip. This includes travel by Fulton - El Camino Recreation and Park District transportation during the day of November 11, 2017. The trip includes transportation from Howe Park to Golden Gate Park in San Francisco and back (approx. 100 miles each way) and all other transportation during the trip.

I understand that my child will be ready to leave Howe Park at 8:00 am on November 11th, and be picked up by the parent or guardian from Howe Park at approximately 4:30 pm on November 11th.

AGREEMENT, WAIVER AND RELEASE

In consideration for being permitted by the Fulton-El Camino Recreation and Park District to participate in the Teen Action Leadership Committee mountain biking program, I hereby waive, release and discharge any and all claims for damages for personal injury, death or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the Fulton-El Camino Recreation and Park District (its officers, employees and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the persons or entities free and harmless from any loss, liability, cost, damage or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activity.
PARENTAL CONSENT: (To be completed and signed by parent/guardian, if applicant is under 18 years of age.)

I hereby consent that my son/daughter, _____, participate in the above activity, and I hereby execute the above Agreement, Waiver and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of the death or any injury or property damage that said minor may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE FULTON-EL CAMINO RECREATION AND PARK DISTRICT AND I SIGN IT OF MY FREE WILL.

Signature of Participant (Parent or Legal Guardian if under age 18)

Date

Name of Parent or Legal Guardian, Printed _____

Phone Contact (H) _____ © _____

Fulton-El Camino Recreation and Park District
2201 Cottage Way / Sacramento, CA 95825
916-927-3802

Teen Action Leadership Committee
TFK Mountain Biking Participation Information Sheet

Participant's Name _____

Participant's Contact Phone _____ **E-Mail** _____

Participant's Birthday _____ Age _____ **Height** _____

Guardian's Name _____

Guardian's Contact Phone #s (H) _____ (C/W) _____

Emergency Contact Name _____ Phone # _____

Insurance Information (Carrier, ID #) _____

Please list any special dietary requirements you would like us to be aware of:

Please list any medical conditions and/or medications we need to be aware of:

Trips for Kids Participant Emergency Medical Information

This information may be used for more than one outing. You must inform the activity leader if any of this information changes from outing to outing.

1. Participant's Name _____

Parent's/Guardian's Name (of minor participant) _____

Address _____

Parent's/Guardian's Phone _____

Date completed _____

2. **Allergies** to drugs, foods, insect bites, etc.:

3. List all **medications** for which the participant currently holds a prescription and indicate which ones the participant will be taking during outing(s):

4. List all **medical conditions** of which the activity leader should be aware or which may affect the participant's ability to participate in activities (such as asthma, heart disease, diabetes or neuromuscular or skeletal impairment):
