

**City of San Luis Obispo Permission Slip  
2009  
Junior Giants Summer Baseball League**



Participant's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ (to receive information on new teen programs and activities)

**For Leader Information**

**Asthma:** Yes \_\_\_\_\_ No \_\_\_\_\_ Physical Limitation: \_\_\_\_\_

**Diabetes:** Yes \_\_\_\_\_ No \_\_\_\_\_ Allergies: \_\_\_\_\_

**Epilepsy:** Yes \_\_\_\_\_ No \_\_\_\_\_ OTHER: \_\_\_\_\_

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**Persons to contact in case of emergency:**

1. \_\_\_\_\_  
Name Work phone Cell Phone Relation to Child

2. \_\_\_\_\_  
Name Work phone Cell Phone Relation to Child

3. \_\_\_\_\_  
Name Work phone Cell Phone Relation to Child

**For the Parent:** I, the undersigned, acknowledge that the San Luis Obispo Parks and Recreation Department sponsors the above-named activity and realize that **NO MEDICAL INSURANCE IS PROVIDED**. I, the parent/guardian of the above named minor, hereby approve his/her participation in the above mentioned activity. Further, I consent to emergency medical treatment for this minor should the need arise. I expect that the activity supervisors will make an effort to contact me, time permitting, before any treatment other than minor first aid is administered. I hereby grant permission to the employees of the City of San Luis Obispo Parks and Recreation Department to include pictures and/or video of my children taken during department activities, in any future brochures or other publicity developed by the department or by the media. I understand that I will not receive compensation for the use of the pictures.

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Signature of Parent or Guardian

Date

**Please return the completed form to the City of San Luis Obispo Parks and Recreation Department at 1341 Nipomo Street by June 16, 2009. Call 781-7300 for more information or visit [www.slocity.org/parksandrecreation](http://www.slocity.org/parksandrecreation)**