

When: Wednesdays after school - 2:30pm | Starts October 6th!

Where: Jamul Elementary

Who: K - 5th Grade

Questions? Contact: Diane Sitton 619-669-7203

Student's Name:		
Boy Girl Grade: Age:		
Address:	_ City:	Zip:
Parent/Guardian Name:		
Email:	_	
Home # Cell #		
Emergency Contact:		
( Name )  **Any Life-Threatening Allergies:		( Phone Number )
After Club, my child generally: goes to Extended Day C	Care walks home	is picked up
Person picking up my child:	phone:	
Check here if you DO NOT want your child photogr	aphed or on video for Son	shine promotions.
Sonshine Clubs are sponsored by Sonshine Haven (619-440-1221), a non- on children and families in the local commmunity. It has existed since 19	. •	

## Parents are welcome to visit our club anytime!!

Spring Valley, Lakeside, Santee, and Jamul. Each Club is led by a qualified, dedicated volunteer.

In the event all reasonable attempts to contact me at the numbers listed below have been unsuccessful, I hereby give my consent to an authorized leader of Sonshine Haven Inc to (1) obtain emergency treatment (such as x-ray, anesthesia, medical care or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician licensed under the provisions of the Medical Practice Act) and (2) the transfer of the minor child to any hospital reasonably acceptable. This authorization does not cover major surgery unless the medical opinions of two other physicians occur in the necessity for such surgery. I agree to release Sonshine Haven Inc from all financial liability for any medical expenses, which may be incurred in the event such action need be taken or as I intend to furnish payment at my own expense. I further understand that this program is not a state licensed facility. I hereby give permission for the minor to participate in Sonshine Club.

WAIVER FOR LIABILITY: I HEREBY AFFIRM THAT I AM THE LAWFUL GUARDIAN AND GIVE MY CONSENT FOR THE ABOVE NAMED MINOR TO PARTICIPATE IN THE ABOVE DESCRIBED ACTIVITY. I will not hold this corporate body liable or responsible for any injury to any child beyond the limits of any insurance that may be in force and effect, and provides coverage for injuries such as may happen. I acknowledge that no representations have been made to me about whether such coverage does or does not exist. In the event it does not exist. I understand that I am releasing Sonshine Haven Inc and any persons officially connected with this event from any and all liability and all injuries which my child (ren) may receive. This signed release signifies my full agreement to all the above:

injuries which my child(ren) may receive. I	his signed release signifies my full agreement to all the above:	
PARENT/GUARDIAN SIGNATURE:	]	DATE: