



Parks & Recreation Department
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GENERAL YOUTH REGISTRATION FORM

REGISTRATION FORM EXPIRES ON SEPTEMBER 1, 2010

NAME OF PARTICIPANT: _____
FIRST LAST

AGE: _____ BIRTH DATE: ____/____/____ GRADE: _____ SEX (M/F): _____

T-SHIRT SIZE: **ADULT** S M L XL **YOUTH** S M L XL

IVGID RECREATION PHOTO ID CARD HOLDER? **YES/NO** (CIRCLE ONE)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PARENT / GUARDIAN: _____

HOME PHONE: _____ WORK: _____ CELL: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT OTHER THAN PARENT: _____ PHONE NUMBER: _____

EMERGENCY MEDICAL INFORMATION

all that apply):

Hyper/Hypo Active Learning Disabled Behavioral Problem Epileptic Asthma Visually Impaired

Hearing Impaired Diabetic Motor Coordination Physical Impairment (Explain) _____

Other (Explain) _____

Allergies _____ Medications _____

Name of Youth's Physician: _____ Phone _____

The medical information provided above is current and accurate to the best of my knowledge as of the date noted below and may be released to medical personnel where definitive medical care is required. The furnishing of such care is in no way an admission of, or assumption of, liability on the part of the Parks & Recreation Department. It is understood that Recreation personnel will attempt to contact a parent or guardian of the youth, if possible, prior to transporting the youth by any mode of transportation to a physician and/or medical facility to render emergency medical care to said youth and we consent to such treatment. The information will be kept on file only until the expiration date of the form and it is the responsibility of the parent/guardian to insure that this medical information is updated when medical conditions of a youth changes during the noted period.

 PRINT OF PARENT OR GUARDIAN

 DATE

 SIGNATURE OF PARENT OR GUARDIAN