

**Parks Recreation and Library Services  
YOUTH SPORTS REGISTRATION**



**ALL SECTIONS MUST BE COMPLETE!  
ONE FORM PER CHILD**

Child's First and Last Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ ('25-'26 school year)

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

In what sport are you registering your child?  
\_\_\_\_\_

**NOTE: PROOF OF BIRTHDATE IS REQUIRED AT REGISTRATION**

**Jersey Size:** (Please Choose one) **YS YM YL AS AM AL**

**Parent / Guardian Information**

Name: \_\_\_\_\_

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

City/Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Cellular Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

**Parent / Guardian Information**

Name: \_\_\_\_\_

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

City/Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Cellular Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

**Emergency Contact:** If a parent or guardian cannot be reached in the event of an illness or emergency, please list at least two contacts over the age of 18, who may provide more information to staff.

First and Last Name	Relationship	Home Phone	Business Phone	Cellular Number
		( )	( )	( )
		( )	( )	( )
		( )	( )	( )

**MEDICAL INFORMATION**

**ALL SECTIONS MUST BE COMPLETE!**

Child's physician: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Hospital preference: \_\_\_\_\_ City: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Child's insurance carrier: \_\_\_\_\_ Policy number: \_\_\_\_\_

Group number: \_\_\_\_\_

Child's dentist: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Is child under regular supervision of a physician? If yes, please explain: \_\_\_\_\_

**CONSENT FOR PARTICIPATION AND MEDICAL RELEASE**

In consideration for my child's participation in the program offered above ("Program") which is under the supervision of the City of Signal Hill, I the undersigned (together with my child, individually and collectively, the "Participant"), hereby agree to indemnify and hold harmless the City of Signal Hill, its officers, agents, representatives and /or employees, from any claims, proceedings, damages, loss and/or employees, from any claims, proceedings, damages, loss and or/ liability including expenses and costs, that may result from any illness, death or injuries or damage to property that a Participant may sustain while participating in any activity connected with said Program, including but not limited to travel to and from an activity, whether such death or injury or damage to property is caused by the passive or active negligent act or omission of the City of Signal Hill, its officers, agents, representatives and/or employees, or any other cause except intentional torts, fraud, or violation of law. I agree that I will make no claim against the City of Signal Hill, its officers, agents, or employees for any injury or liability for which I have hereby indemnified the City. I further agree to assume responsibility for reasonable safety inspection of any grounds or structure for facilities at any location where the Participant may participate in the Program. I hereby permit the taking of photographs or videos of the Participant by the City of Signal Hill during City sponsored events, activities and/or programs to be used at the City's discretion (and the creation or production of materials in any form for such purpose), without further compensation to the Participant (or any entitlement to any license fee or royalty to the City of any kind). I further agree that use of such photos or video may include public display or advertisement. I do hereby give permission for any certified emergency professional or health care professional to administer any type of medical treatment they deem unnecessary to the Participant in case of emergency. I have received, read, and understand the Parent's handbook and agree to and will abide by its contents. I understand that if my child vandalizes and/or destroys City property, fees will be assessed. I acknowledge and agree that City is not responsible for providing medical treatment or medication of any kind to Participant or for supervising Participant, during or in connection with Participant's participation in the Program or otherwise. However, I authorize, consent, and waive any claim related to City seeking or providing for medical care for Participant in the event City determines the need has arisen during or in connection with Participant's participation in the Program, provided that City shall first make an effort to connect me by calling me at the phone number above, and shall only proceed with seeking or providing for such treatment absent my direction in the event I do not answer or respond immediately or in the event of a medical emergency.

**I HAVE READ AND AGREE TO THIS RELEASE AS LEGAL GUARDIAN OR PARENT:**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_