

Sports Release Form

I. PARTICIPANT'S INFORMATION:

PLEASE PRINT CLEARLY

Participant's Name: _____

Date of Birth: _____ / _____ / _____ Gender: Male Female Age: _____
mm / dd / yyyy

Address: _____ City: _____ Zip: _____
Street Apt.

School: _____ Grade: _____ Sport: _____

II. PARENT/LEGAL GUARDIAN'S INFORMATION:

Parent/Legal Guardian: _____ Relationship: _____

Telephone Number: _____ Alternate Number: _____

Parent/Legal Guardian: _____ Relationship: _____

Telephone Number: _____ Alternate Number: _____

III. EMERGENCY CONTACT: *Information below must be different than Parent/Legal Guardian*

Contact Name: _____ Relationship: _____

Telephone Number: _____ Alternate Number: _____

IV. MEDICAL INFORMATION:

Physician / Clinic Name: _____ Telephone Number: _____

Medication: No Yes Type: _____ Special Instructions: _____

Medical Problems, medication, conditions, special needs, request or comments: _____

I authorize my child to participate in the program titled above and partake in any field trip during this session.

In case of an emergency I authorize a city employee to seek treatment for my child from an available licensed physician. I also authorize a city employee to seek emergency transportation for my child to the nearest hospital. I realize that the City of Bell Gardens will not assume responsibility for payment of medical fees or expenses incurred.

The undersigned promises to indemnify and hold harmless the City of Bell Gardens and its elected representatives, directors, agents, or employees from any and all claims, demands, actions, liability or loss which may arise from or be incurred as the result of an injury or damage to persons or property arising out of participation in or the presentation of recreation activities/events.

I agree that the City of Bell Gardens may take and use such photographs of my child with or without their name and for any lawful purpose, such as publicity, illustration, advertising, and Web content. I grant the City of Bell Gardens, its representatives, and employees the right to take photographs of my child and my property in connection with the identified subject. I authorize the City of Bell Gardens, its assignees and transferees to copyright, use and publish the same in print and/or electronically.

Parent or Legal Guardian Signature: _____ Date: _____

Please Note: REFUND will only be granted if activity is cancelled by the City of Bell Gardens.

***Volunteer Coaches always needed -** Those interested please ask staff for more information and a Coaches Application.

*****TO BE FILLED OUT BY CITY STAFF ONLY*****

<p>SPORT:</p> <input type="checkbox"/> Sm Fy Bsktbl <input type="checkbox"/> Yth Bsktbl <input type="checkbox"/> Teen Bsktbl <input type="checkbox"/> Futsal <input type="checkbox"/> Flag Ftbl <input type="checkbox"/> V-ball <input type="checkbox"/> Sm Fy T-ball <input type="checkbox"/> Yth Bsbl <input type="checkbox"/> Yth Sftbl <input type="checkbox"/> Sm Fy Scrr	<p>DIVISION:</p> <input type="checkbox"/> E Division (4-5 yrs olds) <input type="checkbox"/> D Division (6-7 yrs olds) <input type="checkbox"/> C Division (8-9 yrs olds) <input type="checkbox"/> B Division (10-11 yrs olds) <input type="checkbox"/> A Division (12-14 yrs olds) <input type="checkbox"/> AA Division (14-18 yrs olds) <p>FEE:</p> <input type="checkbox"/> \$30 <input type="checkbox"/> \$60 <input type="checkbox"/> \$75 <input type="checkbox"/> +\$15 Late Fee	<p>T-SHIRT SIZE:</p> <input type="checkbox"/> Yth Small (6-8) <input type="checkbox"/> Adult Medium <input type="checkbox"/> Yth Medium (10-12) <input type="checkbox"/> Adult Large <input type="checkbox"/> Yth Large (14-16) <input type="checkbox"/> Adult X-Large <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult XX-Large <p>BIRTH VERIFICATION:</p> <input type="checkbox"/> On File <input type="checkbox"/> Student Profile <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other <input type="checkbox"/> Passport <p>STAFF NAME: _____</p> <p>DATE: _____ RECEIPT NUMBER: _____</p> <p align="center"><small>Please hand participant payment slip & information card</small></p>
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