

CITY OF RIDGECREST
 PARKS, RECREATION & CULTURAL AFFAIRS DEPARTMENT
2011 SUMMER ACTIVITY REGISTRATION FORM

Activity		Participant Name			Shirt Size YOUTH / ADULT S M L XL XXL	
Date of Birth	Age	Grade	Gender MALE / FEMALE			
Mailing Address, City, Zip					Home Phone #	
Parent/Guardian Name			Work #		Cell #	
Emergency Contact			Relationship to child		Emergency Phone #	
Insurance Carrier	Policy #		Please indicate medications taken or physical problems which might affect performance of student			

PARTICIPATION PERMISSION: I as an adult 18 and older and the parent or legal guardian of the above named participant, hereby give my approval to participate in the activity described above. I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities.

I understand that supervision is only during the hours of scheduled practice and games. I also give the City of Ridgecrest permission to take pictures during activities, practices and games for publicity purposes.

I hereby release, absolve, indemnify, and hold harmless the City of Ridgecrest, Sierra Sands Unified School District, the organizers, sponsors, supervisors, representatives, employees, volunteers and any or all of them from any injuries I may or my child may sustain as a participant in these activities. Participants are involved at their own risk. Registration fees do not provide for insurance.

Further, I hereby grant the City of Ridgecrest Parks, Recreation & Cultural Affairs Department staff as agent(s), for the undersigned to consent to any X-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act, whether such diagnosis, or treatment is rendered in physicians office or hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis treatment or hospital care which the physician, in the exercises of his best judgment, may deem advisable. The authorization is given as per the provisions of Section 25.8 of the Civil Code of California.

Signature of Parent or Legal Guardian

Date