

YOUTH SPORTS EMERGENCY PREPAREDNESS FORM

Child's Name _____ Age _____ Male Female
Address _____ City _____ Zip _____
Child's Birthdate ___/___/___ Grade _____ Home Phone () _____
Mother's Name _____
Work Phone () _____ Cell # () _____
Father's Name _____
Work Phone () _____ Cell # () _____

Name of emergency contact that has permission to pick up child:

Name: _____ Phone () _____ Relationship to child _____
Name: _____ Phone () _____ Relationship to child _____

FAMILY MEDICAL INSURANCE:

Carrier _____ Group _____
Policy # _____ Group # _____ I.D. # _____

FAMILY PHYSICIAN:

Name _____ Address _____
Phone # _____ Alt # _____

Allergies (list): _____

Serious Medical Conditions: _____

MEDICAL TREATMENT AUTHORIZATION

I, (parent/guardian) _____ give permission for my child, (full name of child) _____ to participate in all activities associated with the Rancho Simi Recreation and Park District Youth Volleyball Program. Furthermore, I authorize the R.S.R.P.D. to arrange transportation in case of accident or acute illness of my child. In the event it is impossible to receive instruction from me for my child's care, consent is given to any licensed physician and/or surgeon called to whom my child is taken, for treatment by him or to administer drugs and medication, and to perform such surgical treatment as he shall think the existing emergency requires for the relief of pain and/or the preservation of my child's life, and/or health and well-being. Any cost incurred in this connection not covered by my insurance shall be paid by me. In addition, I agree to waive and release the R.S.R.P.D., its officers, agents and employees from and against any and all claims, costs, liabilities, expenses or judgments, including attorney's fees and court costs arising out of the participation of the above named minor in the R.S.R.P.D.'s programs or any illness, accident or injury resulting therefrom, and hereby agree to indemnify and hold harmless R.S.R.P.D. from and against any and all such claims.

_____/_____/_____
PARENT/GUARDIAN NAME (please print) PARENT/GUARDIAN SIGNATURE DATE
Date/Youth Sports Emergency Prep Form