

# CITY OF CORONADO RECREATION ACTIVITY REGISTRATION FORM PARTICIPANT INFORMATION FORM

#### **Personal Information**

Child's Name	
Age Date of Birth	
Mother's Name	
Cell Phone:	
Father's Name	
Cell Phone:	
E-mail Address	

### Emergency/Medical Information

Please list an emergency contact in the event that neither
parent can be reached.
Emergency Contact:
Relationship:
Cell Phone:
Does your child have any allergies or special needs that we
need to be aware of?YesNo
If yes, please explain:
Does your child take medications?YesNo
If yes, please explain:

## **Pick Up Permission**

The following people have permission to pick up my child (in
addition to parents/legal guardians): Name:
Cell Phone:
Name:
Cell Phone:

# AUTHORIZATION OF TREATMENT OF A MINOR AND HOLD HARMLESS

This form signed by you authorizes emergency medical treatment for a minor child in case of necessity. Should it be necessary for you to be away from home it can authorize the City of Coronado to act for you. (I)(We) the undersigned, parent(s) or legal guardian of the above child, a minor, do hereby authorize THE CITY OF CORONADO and/or any California Hospital as agents for the undersigned to consent, in advance of any specific diagnosis, 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 specific supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any California Hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. This authorization is given pursuant to Section1283 of the Health and Safety Code of California, and shall remain effective until revoked in writing by parent/guardian. I will not hold the City of Coronado responsible for any damage arising from any injury that might be received while participating in activities of the City of Coronado Recreation Department.

Signature	
Signature of Participating Adult, Parent or Guardian	Dat

#### NAME AND LIKENESS RELEASE

lame of Participating Adult, Parent or Guardian

In further consideration of participation in the City of Coronado Recreation Programs, I agree that the City of Coronado and its officers, agents, or employees may use my appearance, name, and likeness in connection with my participation in any City of Coronado publication, including news release, without my prior consent. I further agree that I am not entitled to any compensation for such use of my appearance, name, and likeness.

Signature:	
Signature of Participating Adult, Parent or Guardian	Dat

Printed Name