

**COMMUNITY SERVICES DEPARTMENT  
YOUTH SPORTS REGISTRATION**



**ALL SECTIONS MUST BE COMPLETE!**

**ONE FORM PER CHILD**

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

Jersey Size: (Please circle) YS YM YL AS AM AL

School: \_\_\_\_\_ Grade: \_\_\_\_\_ ('22- 23' school year)

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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

NOTE: PROOF OF BIRTHDATE IS REQUIRED AT REGISTRATION

**Parent / Guardian Information**

**Parent / Guardian Information**

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

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

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

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

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

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

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

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

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

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

Cellular phone #: (\_\_\_\_) \_\_\_\_\_

Cellular phone #: (\_\_\_\_) \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

**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 Names	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 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 videos 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 necessary to the Participant in case of an 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 request that the Participant be permitted to travel under the supervision of the City of Signal Hill between Alvarado and Signal Hill Elementary schools and Calbrisas, Discovery Well, Hillbrook, Hilltop, Reservoir, and Signal Hill Parks, as well as on regularly scheduled excursions.

I also understand that an inherent risk of exposure to COVID-19 exists in any public space where people are present, including with respect to participation in the Program. I acknowledge that COVID-19 is an extremely contagious disease that can lead to severe illness and death. I voluntarily assume all risks of exposure to COVID-19 related to Participant's participation in the Program, and I assume sole responsibility therefor and agree to hold harmless the City of Signal Hill, its officers (elected and appointed), agents and employees (collectively, "City" and individually, "City Party") in connection therewith. Participant is voluntarily seeking to participate in the Program notwithstanding

these risks, and I acknowledge, on behalf of Participant, that Participant must comply with all applicable federal, state and local laws and guidelines, including practicing social distancing and wearing face masks when possible, related to preventing the spread of COVID-19 in connection with Participant's participation in the Program, and further acknowledge that even where Participant is in full compliance with such laws and guidelines, there is no guarantee that Participant will not become infected with COVID-19. In furtherance of City's efforts to protect Program participants from being infected with COVID-19, I represent, warrant and attest that, to the best of my knowledge:

- Participant is not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell;
- Participant has not been previously diagnosed with COVID-19 and not yet cleared as non-contagious by applicable state or local public health authorities; and

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 contact me by calling me at the phone number above, and shall only proceed with seeking or providing for such treatment absent my directive 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

<p><b>FOR OFFICE USE ONLY:</b> Received by _____ on _____</p> <p><b>Give each parent:</b> Youth Sports Flyer _____ Dates to Remember _____</p> <p>Code of Conduct Form _____ Attended Parent Meeting _____</p> <p>Long Beach Parent Code of Conduct _____ Paid _____ Delivered Jersey _____</p> <p>Copy of Birth Certificate: Yes ___ No ___ On File ___</p> <p>Notes: _____</p>
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