

# Town of Yucca Valley



## Youth Sports Registration Form

**SPORT:** (circle one)

Flag Football

Basketball

**Athlete's information:** (please print)

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

Nickname(s): \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Sex: M F Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Jersey Size (circle one):

**Youth: S M L**

**Adult: S M L XL XXL**

Father's Name: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Siblings enrolled in the same division:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F

**Emergency Contacts:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Medical Information:**

Medical Conditions (list): \_\_\_\_\_

Allergies (list): \_\_\_\_\_

I understand and acknowledge that medical condition information may be shared with Town of Yucca Valley personnel and coach(s) on my son/daughters team.

\_\_\_\_\_  
Parent / Guardian's Name                      Parent / Guardian's Signature:                      Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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### IMAGE RELEASE

Check here if minor.

I consent and hereby grant to the Town of Yucca Valley, its Officers, Agents, Employees and Assigns the right to take photographs of me or my child ( or person for whom I am legal guardian) in connection with this program. I understand that this photograph and/or other digital reproduction may be utilized for all publication processes, whether electronic, print, digital or electronic publishing via the internet. I understand that neither I nor my child will receive payment from any party.

By signing this form, I confirm that this consent form has been explained to me in terms which I understand.

\_\_\_\_\_  
Parent / Guardian's Name                      Parent / Guardian's Signature:                      Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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### CONSENT TO TREAT

I, the undersigned parent/legal guardian of \_\_\_\_\_, a minor, do hereby authorize and consent to any X-ray, examination, anesthetic, medical, or surgical procedure rendered under the general or specific supervision of any member of the medical staff and any emergency room staff licensed under the provisions of the Medical Practice Act and on the staff of any acute care general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required by the above named minor(s) and is given to provide authority to transport by emergency vehicle and power to render care, which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable. It is understood that effort should be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above mentioned treatment will not be withheld if the undersigned cannot be reached. Authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

\_\_\_\_\_  
Parent / Guardian's Name                      Parent / Guardian's Signature:                      Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**WAIVER/RELEASE LIABILITY**

In consideration of my minor child/ward (“my child”), being allowed to participate in any way in the Town of Yucca Valley’s youth sports program, related events and activities, the undersigned acknowledges, understands and agrees that:

1. The risk of injury to my child from the activities involved in this program is significant, including the potential for permanent disability and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. For myself, my spouse and child, I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my child’s participation; and,
3. I, myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, hereby release the other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (“Releasees”), with respect to any and all injury, disability death, or loss or damage to person or property incident to my child’s involvement or participation in these programs, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law.
4. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, hereby indemnify and hold harmless all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, even if arising from their negligence, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

\_\_\_\_\_  
Parent / Guardian’s Name

\_\_\_\_\_  
Parent / Guardian’s Signature:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**CODE OF ETHICS**

I hereby pledge to provide positive support, care, and encouragement for my child participating in the Town of Yucca Valley’s youth sports program by following the “Parents’ Code of Ethics.”

I acknowledge that on \_\_\_\_/\_\_\_\_/\_\_\_\_ (date) I was given a copy of the Parent’s Code of Ethics, and that I have reviewed it, and voluntarily agree that I and any other persons that accompany me will abide by its regulations.

\_\_\_\_\_  
Parent / Guardian’s Name

\_\_\_\_\_  
Parent / Guardian’s Signature:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_