



CITY OF REDLANDS - RECREATION BUREAU
YOUTH SPORTS REGISTRATION

PLAYER'S NAME _____ BOY: _____ GIRL: _____

ADDRESS _____ CITY: _____ ZIP: _____

AGE: _____ GRADE: _____ DOB: _____ HT: _____ WT: _____ SCHOOL: _____

SPORT: Jr.Tennis(ages 5-17/10wks) Pee Wee Clinics(ages 4-8/2wks) Introductory Sports(ages 3-7/5wks)
(circle one) Winter Spring Summer Fall
Pee Wee Basketball Pee Wee softball Pee Wee Soccer Pee Wee Flag football
Winter Soccer Spring Spudball Summer T-Ball Fall Lil' Hoopsters
M&W or T&Th 5:30-6:30 M&W or T&Th 5:30-6:30 Wed & Sat games M&W or T&Th 5:30-6:30

Instructional Leagues (ages 7-14/10wks) REC-N-FX Intra-Mural (Middle School/5wks) Training Clinics (ages 9-14/2wks)
Winter Basketball Winter Flag Football Winter Baseball
Spring Volleyball Spring Soccer Spring Football Other
Summer Softball(5wks) Summer Softball Summer Basketball
Fall Flag Football Fall Basketball Fall Volleyball

*PLAYER SHIRT SIZE (CIRCLE ONE): YOUTH: S M L ADULT: S M L XL

PARENT'S NAMES: MOTHER _____ FATHER _____
Mother's phone # (HM) _____ (WK) _____
Father's phone # (HM) _____ (WK) _____

Is parent interested in coaching? Y N
How did you hear about us? (circle one): TV SCHOOL FLIER NEWSPAPER FRIENDS
COMMENTS:

CONSENT TO TREATMENT OF A MINOR
I, (we), the undersigned, parent or guardian of above minor, do hereby authorize the City of Redlands as agent for the undersigned to consent to any x-ray examination, anesthetic, dental, 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 Medicine Practice Act on the medical staff of a licensed hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provisions of section 6910-6903 of the California Family Code. This authorization shall remain effective, unless revoked in writing and delivered to said agent.

HOLD HARMLESS AGREEMENT
In consideration of the undersigned being permitted to participate directly or indirectly in various programs or events sponsored and arranged by the City of Redlands, I agree to defend, indemnify and hold harmless the City of Redlands, its elected officials, officers boards, commissions, agents, and employees against any and all claims, demands, actions, suits, liabilities and judgements of every kind and nature and regardless of the merit of the same, arising out of use of Park/Recreation facilities, or arising out of my participation in City of Redlands sponsored events, programs or excursions.

I, the undersigned, have read and fully understand the above HOLD HARMLESS AGREEMENT AND CONSENT TO TREATMENT OF A MINOR.

SIGNATURE: PARENT/GUARDIAN _____ DATE: _____

OFFICE USE ONLY

FEE PAID: CASH \$ _____ CHECK #: _____ \$ _____

RECEIVED BY: _____ RECEIPT #: _____

Approved Scholarship amount: \$ _____ Staff Initialed _____