



Visalia Police Activities League MINOR REGISTRATION FORM

www.Visaliapal.org * (559) 732-2233 * Fax (559) 732-2397

Program/Programa: _____

Participant Name/Nombre de Participante: _____

School Attending/Escuela _____ School Nearest your home _____

Mailing Address/Domicilio: _____ City & Zip/Ciudad y Codijo _____

Home Phone/Telefono de Casa: _____ Work Phone/Telefono de Trabajo _____

Birthdate/Fecha de Nacimiento (M/D/Y): _____ Age/Edad _____ Grade/Grado _____ Sex/Sexo _____

Shirt Size/La Talla de la Camisa: Child/Nino: S M L XL Do you receive Free or Reduced lunch? yes no

Email Address: _____

List any medical conditions, medications, or physical limitations: _____

Parent or Legal Guardian/Nombre de Madre or Padre: _____

Mailing Address/Domicilio: _____ **City & Zip/Ciudad y Codijo** _____

Day Phone/Telefono de Dia: _____ **Evening Phone/Telefono de Noche** _____

PARENT AUTHORIZATION

The above named child has my permission to participate in activities conducted by the Visalia Police Activities League and the City of Visalia and I understand my permission slip will remain in effect until I withdrew it. The Undersigned, and each of them, hereby release, and discharge the Visalia Police Activities League and the City of Visalia, all its agents, employees, and officers thereof, of and from all actions, causes of actions, damages, claims and demands, in civil and criminal, we or either of us have or successors, assignee, heirs, executors or administrators may hereinafter have against them, or any of the, which might arise in connections with the above named acting in the capacity of a participant a program or otherwise using equipment or facilities provided by the Visalia Police Activities League and the City of Visalia or injury which may hereafter be sustained by reason of such participation or equipment and all claims arising out of the same, whether known or unknown, suspected or unsuspected.

VIDEO-PHOTO RELEASE

I understand that during the Visalia Police Activities League program and/or activity, my photograph and/or photographs of my child may be taken by the Visalia Police Activities League, producers, sponsors, organizers and/or assigns. I agree that my photograph and/or photographs of my child, including video photography, film photography, or other reproduction of my likeness or the likeness of my child, may be used without charge by the Visalia Police Activities League, producers, sponsors, organizers, and/or it's assigns for such purpose, as they deem appropriate.

AUTHORIZATION TO TREAT A MINOR

I, the parent or legal guardian, of the listed child, do hereby authorized and consent to any X-ray anesthetic, medical, or surgical treatment rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or a Dentist licensed under the Dental Practice Act and on the staff of any acute general hospital or emergency care facility holding a current license to operate a hospital or emergency care facility from the State of California Department of Public Health. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable for my child. Further, I understand that my child will be participating in inherently dangerous activities and agreed to pay for my child's medical expenses. I understand that all effort shall be made to contact me prior to rendering treatment to my child, but any of the above treatment will be withheld if I cannot be reached. This authorization is given pursuant to the provisions of the California Civil Code. This consent shall remain in effect until December 31 of the subject year.

I have read and understand and approve the ***PARENT AUTHORIZATION, VIDEO PHOTO RELEASE, and AUTHORIZATION TO TREAT A MINOR***.

_____ X _____
Print Child Name **SIGNATURE OF PARENT OR LEGAL GUARDIAN** **DATE**