

COMPLETE FRONT AND BACK



City of Mesa Youth Sports

Emergency Contact, Health Information, Releases and Waivers

Please fill out this form carefully and completely. Documentation of this data is required to ensure the safety of participants. Include all siblings in attendance on one form.

Program Name: _____ **Location:** _____ **Dates/Season:** _____

Child Information #1

First Name _____ Last Name _____ Date of Birth _____
Grade Entering in Fall _____ Gender _____ Race/Ethnicity _____

Child Information #2 (if applicable)

First Name _____ Last Name _____ Date of Birth _____
Grade Entering in Fall _____ Gender _____ Race/Ethnicity _____

Child Information #3 (if applicable)

First Name _____ Last Name _____ Date of Birth _____
Grade Entering in Fall _____ Gender _____ Race/Ethnicity _____

Parent/Guardian Information

Name _____ Cell Phone _____ Work Phone _____ Relationship _____
Name _____ Cell Phone _____ Work Phone _____ Relationship _____
Address _____ City _____ State _____ Zip Code _____

Emergency Contact Information (List someone other than parents/guardians from above.)

Name _____ Cell Phone _____ Work Phone _____ Relationship _____

Health Information (if completing for more than one child, please indicate name next to any corresponding information.)

(We strive for inclusion in all classes and programs. Every effort will be made to place registrants in their desired classes regardless of physical or mental abilities. Please indicate any special needs or medical attention that might impact the registrant's participation.)

*Medications (Please list any medications and dosages): _____

*Health Issues and Conditions (Please list any and explain): _____

*Asthma Yes / No (If yes, explain): _____

My child is carrying his/her own inhaler and knows when and how to use it safely: Yes / No

*Allergies Yes / No (If yes, explain): _____

My child is carrying his/her own epinephrine and knows when and how to use it safely: Yes / No

*Diabetes Yes / No (If yes, explain): _____

My child is carrying his/her own insulin and knows when and how to use it safely: Yes / No

*Activity Restrictions Yes / No (If yes, explain): _____

*Special Needs (physical, mental or learning disability, etc.) Yes /No (If yes, explain): _____

*Behavioral Management- Is there any information or techniques we need to be aware of to best serve your child? Yes /No (If yes, explain): _____

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Hold Harmless Agreement

WAIVER: As a participant, or parent or guardian of a participant, permission is granted to participate in the City of Mesa Youth Sports program. I understand that there are risks of physical injury to the participant(s). Considering all possible risks, on behalf of the participant(s), and myself, I voluntarily waive, release, discharge and hold harmless the City of Mesa, its employees, supervisors, appointed officials, agents, representatives and volunteers from all claims for all injuries to participant(s), no matter how severe. Furthermore, I give consent for emergency medical treatment to the participant(s). This waiver does not extend to any such claim or liability that is caused solely and exclusively by the gross negligence of the City of Mesa or its employees, supervisors, appointed officials, agents, representatives and volunteers.

Parent/Guardian Signature: _____ **Date:** _____

Photo and Video Release

All participants and parents/guardians understand and agree that they may be photographed and/or videotaped for the promotion of City of Mesa programs.

Parent/Guardian Signature: _____ **Date:** _____

Permission to Walk To and From Program Release

NO / YES (If yes, please sign below.)

If **YES**, by signing this waiver, I authorize my child to walk or bike home. Please note that this permission form grants consent for this child to leave the program without adult supervision. Participants may walk or bike home only when this permission form is signed, dated by parent/guardian, and is on file with Youth Sports. If we do not have this signed consent, your child will not be released without adult supervision.

Parent/Guardian Signature: _____ **Date:** _____

Child Physically Released To Authorized and Identification Checked Adult

NO / YES (If yes, please sign below.) *NOTE: This request MAY NOT be granted if "Permission to Walk Home" is allowed.*

If **YES**, by signing this waiver, I authorize that my child must be physically checked out of this program by the approved adults listed below only and may not be released to anyone else. I understand that anyone authorized to pick up my child **MUST** show picture identification in order for my child to be released. Please note that this permission form consents to the additional security measure. Participants will only receive this additional security measure when this permission form is signed, dated by parent/guardian, and is on file with Youth Sports. If we do not have this signed form, your child will be released without identification check of an adult.

Parent/Guardian Signature: _____ **Date:** _____

Authorized Adult #1: Full Name _____ Relation: _____
Authorized Adult #2: Full Name _____ Relation: _____
Authorized Adult #3: Full Name _____ Relation: _____

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