



City of Pinole Recreation Department

Tot Sports Program Registration and Emergency Form

*Registration is based on a first come, first served basis.
Payments are non-refundable and programs may not be prorated for irregular attendance.*

Child's Name: _____

Birthdate: _____

Parents Full Name: _____

Phone Number: mobile or home _____

Email: _____

Address:

Street: _____

Address Line 2: _____

City, State, Zip: _____

***Pinole Residents will be required to submit a copy of their identification to verify resident rate.**

Emergency Contact Information (Please list adults who should be contacted in an emergency)

Full Name	Contact Telephone No.	Relationship to Child

Legal Issues

Are there any legal issues that we should be aware of, such as custody restraining orders, etc.? (attach a copy of court orders)



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Medical Information

Health Insurance Carrier: _____
Policy Number: _____
Doctors Name: _____
Doc. Phone Number: _____

Please check here ONLY if your child HAS NO ON-GOING or CURRENT MEDICAL PROBLEMS.

Does your child have any Allergies, Food/Health Restrictions or Special needs our staff should be aware of prior to attending our program? (If yes, please list them below)

Yes No

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Other Necessary Medical Information:

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Has your child had any group experience? (Select at least one option):

Yes

No

How did you learn about the Tot Sports Program? (Select at least one option):

City Website

Pinole Community Guide

Family/Friend

Other

If Other, please explain: _____



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Recreation Department

Completion of this Release Form is a prerequisite for participation in City of Pinole Recreation activities.

Consent to Treat:

I hereby give my consent for the City of Pinole staff and instructors to take the appropriate medical services and give appropriate medical authorization for my child in the event that I cannot be immediately contacted. It is understood that the cost thereof will be at my expense. If a physician is listed above, every effort will be made to contact such physician. However, the location of the activity or the nature of the injury or illness may require the use of emergency medical personnel.

I DO NOT give my consent to treat and I REQUEST that medical or surgical services be withheld.

Photo Consent:

By signing this registration form, you authorize the City of Pinole to use your name (or child's name) and/or photograph in any future educational and/or community informational purposes, either printed or otherwise (including, but not limited to, use on the city's website and on its public television station) produced by the City of Pinole. Further, there is no monetary compensation for this consent.

Check here ONLY if you do not give photographic consent.

Parent/Guardians Full Name: _____

Parent/Guardian Signature: _____

Date: _____