



# City of Pinole Recreation Department

## Youth Programs 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.*

**Select the Recreation Program you are registering for (Select at least one option):**

- Enrichment Classes at Stewart Elementary
- Enrichment Classes at St. Joseph
- Summer Specialty Camps
- Summer Sports Program

**Youth Participants Name:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_

**School Attending/Grade:** \_\_\_\_\_

**Parents Full Name:** \_\_\_\_\_

**Phone Number:**  mobile or  home \_\_\_\_\_

**Email:** \_\_\_\_\_

**Address:**

Street: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

## 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)**



# City of Pinole Recreation Department

## Medical Information

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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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## PICK-UP PROCEDURE

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*\*Parents/Guardians can update this procedure at any time by contacting the recreation coordinator via email or phone with any changes.*

Please specify below whether your child will have permission from you as their legal guardian to leave the Pinole Youth Center, Stewart Elementary, or St. Joseph by themselves, or with another adult you have specified below, or if you choose to waive this right and will sign them out on a daily basis.

Please check one of the following boxes:

- I agree that the designated person(s) or I will sign out my child at the end of the program each day.
- I agree that my child may leave on his/her own on the following designated days without my signing out. I understand that Pinole Youth Center Staff is not responsible for my child once they sign themselves out. Youth who sign themselves out, must leave the facility or school grounds immediately when the class ends.

Designated Days my child is authorized to sign out:

Monday  Tuesday  Wednesday  Thursday  Friday



# City of Pinole

## Recreation Department

The following person(s) may sign my child out:

Full Name	Relationship to Child

***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: \_\_\_\_\_