



Tulare Police Activities League
MINOR REGISTRATION FORM

Program: _____

Participant Name: _____

School Attending: _____ School Nearest your home: _____

Mailing Address: _____ City & Zip Code: _____

Home Phone: _____ Work Phone: _____

Birthdate: _____ Age: _____ Grade: _____

Shirt Size (Child's size): 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: _____

Mailing Address: _____ **City & Zip Code:** _____

Daytime Phone: _____ **Evening Phone:** _____

PARENT AUTHORIZATION

The above named child has my permission to participate in activities conducted by the Tulare Police Activities League and the City of Tulare. I understand my permission slip will remain in effect until I withdraw it. I, the Undersigned, hereby release and discharge the Tulare Police Activities League and the City of Tulare, all its agents, employees, and officers thereof, of/from all injuries, actions, causes of action, damages, claims & demands, civil & criminal, whether known or unknown, suspected or unsuspected; to which I, my successors, assignees, heirs, executors, or administrators may hereinafter have against them, or any of, which may arise in connection with the above named child acting in the capacity as a participant, program, or otherwise using equipment or facilities provided by the Tulare Police Activities League and the City of Tulare.

VIDEO-PHOTO RELEASE

I, the Undersigned, understand that during the Tulare Police Activities League program and/or activities, my photograph and/or photographs of my child may be taken by the Tulare Police Activities League, producers, sponsors, organizers, and/or assignees. 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 Tulare Police Activities League producers, sponsors, organizers, and/or assignees as they deem appropriate.

Print Child's Name **Signature of Parent/Legal Guardian** **Date**



Tulare Police Activities League

MINOR REGISTRATION FORM

AUTHORIZATION TO TREAT A MINOR

I, the Undersigned parent/legal guardian of the above named child, do hereby authorize and consent to any X-ray, anesthetic, medical/surgical treatment rendered under the general/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 the California Civil Code. This consent shall remain in effect until I withdraw my child from the Tulare Police Activities League and the City of Tulare.

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

Print Child's Name

Signature of Parent/Legal Guardian

Date

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