

City of Treasure Island
Recreation Department
Children's Programs Registration Form

PLEASE PRINT

Child's Name: _____
(First) (Middle) (Last)

Gender: _____ Age: _____ Date of birth: _____ Telephone #: _____

Home Address: _____ City: _____ Zip: _____

Mother's Name: _____ Telephone #: (hm) _____ (wk) _____

Father's Name: _____ Telephone #: (hm) _____ (wk) _____

Legal Guardian's Name (if different from parent): _____

Address: _____ City: _____ Zip: _____

Child's Physician: _____ Telephone #: _____

Address: _____ City: _____

Person(s) to be notified in the event of an emergency where a parent or guardian cannot be reached:

Name: _____ Telephone #: (hm) _____ (wk) _____

Name: _____ Telephone #: (hm) _____ (wk) _____

Name: _____ Telephone #: (hm) _____ (wk) _____

Please list **all** persons permitted to remove child from the program. PLEASE include parents/guardians on list:

Name: _____ Name: _____ Name: _____

Name: _____ Name: _____ Name: _____

(PLEASE NOTE: A recorded copy of a court order is required in order to prohibit/prevent any parent from removing a child from the program)

Medical Condition (Please be very specific in description in order for staff to best understand condition):

Special needs or information:_____

Please indicate which, if any, of the following sports that your child is not permitted to participate in:

___dodgeball/bombardment ___hockey ___volleyball ___soccer
___tag/flag football ___softball ___baseball ___basketball
___other, please specify_____

Please list any activity(ies) that your child may not participate in:_____

PLEASE INDICATE THE WEEKS THAT YOUR CHILD WILL BE ATTENDING CAMP:

___6/13-17 ___6/20-24 ___6/27-7/1 ___7/4-8 (no camp 7/4/11) ___7/11-15
___7/18-22 ___7/25-29 ___8/1-5 ___8/8-12 ___8/15-19

The undersigned parent/guardian of _____, a minor, hereby consents to said minor's use of the recreational facilities provided by the City of Treasure Island. PLEASE note any facility or activity not to be used or performed by minor. I/We hereby forever release and discharge the City of Treasure Island, its officials, agents, servants, employees and/or any other person, firm or corporation charged or chargeable with responsibility or liability, from any and all claims, demands, damages, costs, expenses, loss of services, actions and causes of negligence, and particularly on account of personal injury, disability, property damage, loss or damages of any kind which may be sustained by the said minor or by the undersigned, while said minor is on the premises where such recreation facilities exist, or in using recreational equipment owned by the said City, or while said child is not on the premises where such recreational facilities exist.

The City of Treasure Island complies with the ADA (Americans with Disabilities Act). We consider a child's disability as merely a characteristic of the child. We do not deny admission based upon disability as long as the child with disabilities can be integrated and his or her needs can be reasonably accommodated. We base our inclusion philosophy on the concept of the least restrictive environment.

x _____
(Parent/Guardian's signature)

x _____
(Date)

PLEASE NOTE: Non custodial guardian's ie: grandparents, aunts/uncles must have Power of Attorney in order to sign any program document (registration form, permission slips, medical release form). A copy of the document is required at the time of registration.

OFFICE USE ONLY: Amount paid:_____ Date paid:_____ Check #:_____ Cash:_____

Received rules & regulations:____ Completed Disciplinary Policy:____ (original – office; copies - child's coach & bus)