



Cosumnes CSD Parks and Recreation Department

Init

2016 Seasonal Summer Camp REGISTRATION & MEDICAL FORM

REGISTRATION INFORMATION

- | | | | | |
|---------------------------------|--|---------------------------------------|---------------------------------|------------------------------------|
| Got Skills? | Volleyball Camp: | National Academy of Athletics: | British Soccer Camp: | Elementary Sports Camp: |
| <input type="checkbox"/> #62926 | <input type="checkbox"/> #62923 | <input type="checkbox"/> #62929 | <input type="checkbox"/> #62935 | <input type="checkbox"/> #62941 |
| <input type="checkbox"/> #62925 | <input type="checkbox"/> #62924 | <input type="checkbox"/> #62930 | <input type="checkbox"/> #62936 | <input type="checkbox"/> #62942 |
| EGHS Basketball Camp: | Shooting Skills and Drills Basketball Camp: | <input type="checkbox"/> #62931 | <input type="checkbox"/> #62937 | <input type="checkbox"/> #62943 |
| <input type="checkbox"/> #62928 | <input type="checkbox"/> #62927 | <input type="checkbox"/> #62932 | <input type="checkbox"/> #62938 | <input type="checkbox"/> #62944 |
| | | <input type="checkbox"/> #62933 | <input type="checkbox"/> #62939 | <input type="checkbox"/> #62945 |
| | | <input type="checkbox"/> #62934 | <input type="checkbox"/> #62940 | Futsal Factory Soccer Camp: |
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| | | | | <input type="checkbox"/> #63000 |

Participant's Name _____ Gender _____

Address _____ City _____ Zip _____

Age _____ Birthdate _____ School _____ Grade _____

Height _____ Weight _____ Phone _____ Email _____

Hold Harmless Agreement

The Cosumnes Community Services District, their officers and employees, and any co-sponsor of this activity are not responsible for any injury which may be suffered by the participant while traveling to, during, or returning from the activity designated in this notice. The sponsoring agency has no medical insurance for individuals, and any injury to, or caused by, the participant will be the participant's sole and exclusive responsibility. Participant, or his/her guardian if actual participant is under 18, shall be solely and exclusively responsible for any property damage, personal or private, which the individual may cause during the course of an activity, such as designated in this notice. Additionally, the participant, or parent or guardian if actual participant is under 18, acknowledges that the CSD reserves the right to photograph facilities, activities and program participants for potential future use for publicity or promotion purposes only. "By signing below, I acknowledge that I have read and understand this notice and, if I am signing on behalf of a participant under the age of 18, I attest that I am that participant's legal guardian."

I have read and agree with this release:

Signature of Parent/Guardian (over age 18)

Date

EMERGENCY INFORMATION

Parent's Name(s) _____

Phone # Mother (home) _____ (work) _____ (cell) _____

Phone # Father (home) _____ (work) _____ (cell) _____

List any allergies, dietary restrictions, medications, etc. (or indicate NONE) _____

Name of Physician _____

Address _____

Phone _____ Insurance Carrier & Number _____

Name & relationship of adults to release child to:

1. Name/Relationship _____	3. Name/Relationship _____
2. Name/Relationship _____	4. Name/Relationship _____

Person to contact in case of emergency other than parents:

1. Name _____	Phone _____
2. Name _____	Phone _____

As the parent/guardian of the above minor child, I hereby authorize the Cosumnes Community Services District as my agent for the purpose of consenting to the examination, administering of anesthetic, medical or surgical diagnosis, treatment and hospital supervision by any physician or surgeon licensed by the State of California pursuant to the provisions of the Medical Practice Act. It is understood this authorization is given in advance of any specified diagnosis, treatment or hospital care being rendered but is given to provide authority and power on the part of said agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician or surgeon in the exercise of their best judgment may deem advisable. This authorization given pursuant to Section 25.8 of the Civil Code of California.

Signature of Parent/Guardian (over age 18)

Date

For additional information, call the CSD at (916) 405-5600 • www.yourcsd.com