

*Tule River Recreation Department*  
Youth Summer Break 2019  
Registration Form

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Grade: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

Parent/Guardian #1

Parent/Guardian #2

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: Home: \_\_\_\_\_

Phone: Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Work: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to Youth: \_\_\_\_\_

Medical Information: Primary Physician: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies/Health Problems: \_\_\_\_\_

Medications/Risks: \_\_\_\_\_

**Liability Waiver:** As the parent or legal guardian of the above-named child, I grant permission for my child to participate in the *Tule River Recreation Department's Youth Spring Break Activities and Field Trip*. I acknowledge that I have received a copy of the Youth Spring Break information sheet. I grant my permission for emergency first aid to be given in case of injury. I understand that there are risks attendant to my child's participation in this program. I assume all risks and hazards incidental to such participation, including risk of serious injury and I release and waive all claims against the Tule River Tribal Council and their officers, directors, employees, sponsors, managers, coaches, volunteers and other participants.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- **TENNIS SHOES MUST BE WORN AT ALL TIMES IN ORDER TO PARTICIPATE IN ACTIVITIES AND FIELD TRIP**
- **IF YOUR CHILD HAS ASTHMA OR ALLERGIES, PLEASE SEND INHALERS AND/OR EPI-PENS**