

City of Anderson Community Services

PARKS & RECREATION DEPARTMENT

1887 Howard St., Anderson, CA 96007 - (530) 378-6656 - Fax (530) 378-6629

OFFICE HOURS
Mon.-Fri. 8:00-5:00pm
Closed for Lunch Noon-1:00pm
Closed Sat. and Sun.

ACTIVITY/CLASS REGISTRATION FORM

Participants Name _____ Age _____

Parent/Guardian Name _____

Address _____

City _____ Zip _____

Contact Phone #1 _____ #2 _____

Email Address _____

Office Use Only

Approved By: _____

#1-0000-4763 \$ _____

_____ \$ _____

Amount Paid \$ _____

Date Paid _____

Receipt # _____

Class/Activity Other Class/Activity _____

Location _____ Date _____ Time _____

Youth School _____ Grade _____

Basketball/SNAP Do You Plan On Coaching? Yes ___ No ___ Maybe ___

Players T-Shirt Size (**Please Circle One**) Youth S ___ M ___ L ___ Adult S ___ M ___ L ___ XL ___

Swim Lessons Session 1 ___ Session 2 ___ Session 3 ___ Session 4 ___ Class Time _____

Tadpoles ___ Otters ___ Sardines ___ Angel Fish ___ Individual Pass ___ Family Pass ___ Other _____

CHILD'S EMERGENCY INFORMATION/RELEASE OF LIABILITY

Any Allergies/Medical Conditions _____

Special Instructions/Needs _____

Emergency Contact Person/Contact # _____

I, the undersigned understand that the City of Anderson, Anderson Union High School District, Cascade, Happy Valley or Cottonwood Elementary School Districts or other program sponsors, employees or volunteers do not provide medical insurance for any accident or injuries that might result from participation in the city's recreation program. I personally assume liability for any injuries that might occur to my child during this activity.

Authorization to consent to emergency treatment of minor (I)/(We), the undersigned parent/guardian of a minor do hereby authorize the City of Anderson and/or other program sponsors, employees, or volunteers as agent(s) for the undersigned in our absence, to consent to x-ray examination, anesthetic, medical or surgical diagnosis or treatment; hospital care which is deemed advisable by and is rendered to under the general or special supervision and upon the advice of any physician and surgeon licensed under the MEDICAL ACT, whether such diagnosis or treatment rendered at the office of said physician or at any licensed medical facility. It is understood this authorization is given in advance of specific diagnosis, treatment or hospital care required but is given to provide authority and power on the part of aforesaid agent (s) to give specific consent in any medical emergency to any and all diagnosis, treatment or hospital care which aforementioned physician in the exercise of best judgement may deem advisable. The authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California.

This authorization shall remain in effect until revoked in writing and delivered to said agent(s).

Signature _____

Date _____