



# Corning Recreation Department Youth Registration

Program \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_ @ \_\_\_\_\_

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

## CHILD'S EMERGENCY INFORMATION/RELEASE OF LIABILITY

Any Allergies \_\_\_\_\_

Special Instructions \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Emergency Contact Person Telephone \_\_\_\_\_

I, the undersigned understand that the City of Corning, Corning Union High School District, Corning Elementary School District or other program sponsors 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 trip/activity. Authorization to consent to emergency treatment of minor (I)/(We), the undersigned parent(s) of \_\_\_\_\_, a minor do hereby authorize the City of Corning and/or Corning Union High School and Corning Elementary District 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 forementioned physician in the exercise of best judgment 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* \_\_\_\_\_

**Registration can be mailed to: Corning Recreation Department, 794 Third St., Corning, CA 96021. For more information call Corning Recreation Department, 824-7011**