

**RANCHO SIMI RECREATION AND PARK DISTRICT**

**YOUTH SPORTS  
EMERGENCY PREPAREDNESS FORM**

**Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:**  Male  Female

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Birthdate:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_

**Sports Program:**  Instructional Basketball League  Instructional Volleyball League  Youth Basketball League

1) Parent's Name: \_\_\_\_\_ 2) \_\_\_\_\_

Work/Cell Phone (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Who has permission to pick up the player? Mother: Yes \_\_\_\_\_ No \_\_\_\_\_ Father: Yes \_\_\_\_\_ No \_\_\_\_\_

Other: \_\_\_\_\_

Emergency Contact (if parents are not available in the event of an emergency):

1) Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

I understand that as part of my child's participation in the Youth Sports Program, my special request(s) for coach assignments, scheduling accommodations, car-pooling considerations, etc. cannot be acted upon unless I am a head or assistant coach. The primary goal of the Youth Sports Program is league parity and a positive experience for all players and my request may hinder this goal. Any decision to withdraw from the league after teams are formed will result in a partial assessment of fees or no refund at all. **Initials** \_\_\_\_\_

Known Allergies (food/medicine/other): \_\_\_\_\_

Current Medications/Physical/Medical Conditions: \_\_\_\_\_

**MEDICAL TREATMENT AUTHORIZATION**

I, (parent/guardian) \_\_\_\_\_ give permission for my child, (full name of child) \_\_\_\_\_ to participate in all activities associated with the Rancho Simi Recreation and Park District Youth Sports Program. Furthermore, I authorize the R.S.R.P.D. to arrange transportation in case of accident or acute illness of my child. In the event it is impossible to receive instruction from me for my child's care, consent is given to any licensed physician and/or surgeon called to whom my child is taken, for treatment by him or to administer drugs and medication and to perform such surgical treatment as he shall think the existing emergency requires for the relief of pain and/or the preservation of my child's life, and/or health and well-being. Any cost incurred in this connection not covered by my insurance shall be paid by me. In addition, I agree to waive and release the R.S.R.P.D., its officers, agents and employees from and against any and all claims, costs, liabilities, expenses or judgments, including attorney's fees and court costs arising out of the participation of the above named minor in the R.S.R.P.D.'s programs or any illness, accident or injury resulting therefrom, and hereby agree to indemnify and hold harmless R.S.R.P.D. from and against any and all such claims.

**Signature of Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_