



YOUTH SPORTS PROGRAM EMERGENCY INFORMATION

1. GENERAL INFORMATION

PARTICIPANT'S NAME: _____ BIRTHDATE: _____ GENDER: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PARENT'S/GUARDIAN'S NAME(S): _____

HOME PHONE: _____ WORK: _____ CELL: _____

PARENT'S/GUARDIAN'S NAME(S): _____

HOME PHONE: _____ WORK: _____ CELL: _____

2. EMERGENCY CONTACT INFORMATION

IN THE EVENT THAT A PARENT/GUARDIAN CANNOT BE REACHED, PLEASE LIST EMERGENCY CONTACTS.

PERSON'S NAME

RELATIONSHIP TO CHILD

PHONE NUMBER

3. ADDITIONAL INFORMATION

Do you permit images to be taken of your child to promote City programs? _____ YES _____ NO

4. CONSENT FOR EMERGENCY MEDICAL TREATMENT

PARENT/GUARDIAN CONSENT FOR EMERGENCY MEDICAL TREATMENT

In the event I cannot be reached or time does not permit, I give permission to the employed staff of the City of Torrance Community Services Department to obtain and administer such medical aid or assistance as might be required for the immediate care of my child in the event such help of any emergency nature becomes necessary.

It is further understood that such permission will include the administration of such medicines or treatment as might be ordered by or administered by a duly licensed medical doctor. In no event will the City of Torrance and its employees be held liable for any first aid rendered or treatment or surgical procedures performed or drugs or medicine administered pursuant to this consent.

Print Parent/Guardian Name: _____

Signature: _____ Date: _____

5. MEDICAL INFORMATION

MEDICAL/FOOD ALLERGIES (LIST)

DESCRIBE REACTION AND MANAGEMENT OF THE REACTION

Does your child have any physical, mental or emotional conditions which would limit participation in recreation activities?

_____ YES _____ NO If yes, please explain: _____

Is your child subject to seizures? _____ YES _____ NO

If yes, please describe assistance usually given: _____

6. ADDITIONAL INFORMATION

Please use this space to provide any additional information about the participant's behavior, physical, emotional or mental health which staff should be aware of:

We hereby release and discharge the City of Torrance Community Services Department and each and all of their agents and employees from any liability whatsoever, resulting from or in any manner arising out of any injury or damage which may be sustained on account of his/her participation in said activity or the transportation in connection therewith.

Print Parent/Guardian Name: _____

Signature: _____ Date: _____

YOUTH SPORTS PARENT/GUARDIAN PLEDGE

1. I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice, or other youth sports event.
2. I will place the emotional and physical well-being of my child ahead of a personal desire to win.
3. I will see that my child plays in a safe and healthy environment.
4. I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
5. I will request a sports environment for my child that is free of drugs, tobacco and alcohol and will refrain from their use at all youth sports events.
6. I will remember that the game is for youth – not adults.
7. I will do my very best to make youth sports fun for my child.
8. I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed or ability.
9. I will not cheat or engage in any unethical behavior that violate league rules.
10. I agree to honor this parent pledge in my words and actions.

Child's Name: _____ Division: _____ Team: _____

All parents/guardians that will be attending the games need to sign this pledge.

1. _____
Printed Name Signature

2. _____
Printed Name Signature