

PLACENTIA-YORBA LINDA UNIFIED SCHOOL DISTRICT SUMMER HIGH SCHOOL SPORTS CAMPS REGISTRATION

(Not for High School Credit)

Make checks
payable to:
PYLUSD-sports

SCHOOL (circle one):
El Dorado
Esperanza
Valencia
Yorba Linda

Name: _____
(First) (Last)

Sex: _____ Birth Date: ____/____/____ Grade in Fall* (Sept) _____
 *Athlete must be attending high school in the fall.

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____

Parent/Guardian Name(s): _____ Work Phone: _____

Father _____

Mother _____

Parent Email: _____

Sport	Amount	Sport	Amount
Baseball		G-Basketball	
B-Basketball		Cheer & Song	
B-Cross Country		G-Cross Country	
Football		G-Dance	
B-Golf		G-Golf	
B-Hip-Hop		G-Lacrosse	
B-Lacrosse		G-Soccer	
B-Soccer		Softball	
B-Swim		G-Swim	
B-Tennis		G-Tennis	
B-Track		G-Track	
B-Volleyball		G-Volleyball	
B-Water Polo		G-Water Polo	
B-Wrestling		G-Wrestling	
Check #		Or paid CREDIT CARD ON-LINE	
Total \$		DATE:	

HEALTH HISTORY

Has or subject to (check if applies):

- Asthma Fainting Spells Convulsions Allergy to any medication, food, plant, animal or insect toxin.
 Diabetes Heart Trouble Bleeding Disorders Any condition that may require special care, medication or diet

Explain: _____

Has difficulty with (check if applies): Eyes, ears, nose, throat Digestion Lungs

Any condition now requiring regular medication? _____ Name of Medication: _____

Any restriction of activity for medical reasons? Yes No Explain: _____

INSURANCE INFORMATION

Do you have current insurance coverage? Yes No

Name of Insured: _____ Employer: _____

Health/Accident Insurance Company: _____ Policy Number: _____

RELEASE NOT TO FILE A CLAIM/TRANSPORTATION AGREEMENT/AUTHORIZATION TO TREAT A MINOR

I/We the undersigned, for himself/herself and personal representatives, assigns, heirs, and next of kin, as well as for any minor for whom this Release and Covenant Not to File a Claim is executed, or that minor's personal representative, assigns, heirs and next of kin hereby **RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO FILE A CLAIM** against the Placentia-Yorba Linda Unified School District, its agents or employees, or the State of California for any injury, accident, illness or death occurring during or by reason of the activity, field trip or excursion that is the subject of this authorization (Education Code Section 35330).

I/We the undersigned understand that the Placentia-Yorba Linda Unified School District is not providing transportation to the summer high school activities program. By my signature below, I accept complete responsibility for all transportation arrangements associated with my child's involvement in this program. I agree to hold the Placentia-Yorba Linda Unified School District, its agents, officers, and employees harmless from any and all liability or claims which may arise out of, or in connection with, our child's transportation to and from this program. In the event the District is sued for any accident arising out of the student's operation of a motor vehicle, I/we for himself/herself and his/her personal representatives, assigns, heirs and next of kin, as well as for any minor agree to defend and indemnify the Placentia-Yorba Linda Unified School District. **NOTE:** Under no circumstances may a student transport any other students in regard to this summer high school activities program.

I/We the undersigned parent, parents, or legal guardian of _____, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

He/She **MAY - MAY NOT** (circle one) receive medical attention by a duly licensed physician.

He/She **MAY - MAY NOT** (circle one) be admitted to a hospital in case of an emergency.

I agree to assume financial responsibilities for injuries sustained by my child.

If I / We cannot be reached in case of an emergency, please call _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____