



CITY OF SALINAS  
Recreation-Park Department  
Sports/Aquatics



School Team  
Player Registration Form

Please Print

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Sport: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list allergies, medical conditions or activity limitations: \_\_\_\_\_

.....  
Parent's permission for Emergency Treatment

I, \_\_\_\_\_ hereby give consent to the City of Salinas to authorize any medical or surgical care for my child in case of medical emergency, should such service be needed. It is understood that a conscientious effort will be made to notify me before such action is taken. I further understand that I am responsible for all costs associated with any such treatment.  
**PHONE NUMBER TO CALL IN CASE OF EMERGENCY:**

In consideration of participation in our sports programs, I hereby indemnify and hold harmless and release the City of Salinas, its agents and employees, for any and all liability for any injury suffered by myself or my child arising from or connected with this program. I will assume all risk for any injuries received. It is understood that the City of Salinas provides no medical insurance for injuries and that the cost thereof will be any my expense.

Photo Policy

I hereby authorize and give consent to the City of Salinas, its successors and assigns, to copyright, publish and display all photographs and videos taken by them in which (I, \_\_\_\_\_) (my son/daughter \_\_\_\_\_) appears. It is further agreed that the city may use, or cause to be used, my photographs or image for any and all exhibitions, public displays, publications, flyers, brochures, commercial art, and advertising purposes, without limitations or reservations or any compensations.

I have read and fully understand that I must comply with the policies here within set forth.

Parent  Guardian

Name: (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Day Phone: \_\_\_\_\_

I have fully read and completed the above

