



## Palmetto Youth Center Athletic Registration Form

**Please Check One (X)**

**Basketball** \_\_\_\_\_ **Baseball** \_\_\_\_\_ **Track** \_\_\_\_\_ **Soccer** \_\_\_\_\_ **Other** \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Do you have Medical Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ Company Name \_\_\_\_\_

ID/Policy Number \_\_\_\_\_ (Note your personal medical insurance is the primary payee and the Center's insurance is the secondary payee.)

Personal Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

List any allergies or special medical conditions \_\_\_\_\_

I/We do agree to abide by all organization and league rules. I/We for ourselves and for and on behalf of my/our child, hereby waive, release, absolve and agree to hold harmless the Palmetto Youth Center, all officers, directors and personnel or volunteers of the organization and all person(s) transporting my/our child to and from activities or any claim arising out of any injury to my/our child, except to the extent in any amount which may be covered by applicable accident and/or liability insurance, if any.

I/We the parent(s), legal guardians(s) of the above named child do hereby grant and consent to full authority for the rendering of assistance, care, medical care and treatment of the above named child under circumstances which shall reasonably be deemed to be an emergency, including without limitation: (1) I hereby give permission to the staff and other persons of authority to administer first aid to the above named child, and (2) give permission to have the above named child transported by ambulance, police, or private vehicle to a hospital or doctor's office if deemed necessary by the staff and other persons of authority; and (3) I do hereby authorize the immediate treatment of the above named child by a licensed doctor and/or hospital personnel to the extent deemed necessary by such doctor and/or hospital personnel, including without limitation any diagnostic procedures, care and treatment as may be deemed necessary.

Also I/We give Manatee County Community Services Department and the United Way of Manatee County permission to look into my child's membership records.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_