



YOUTH REGISTRATION

Print Legibly Please fill out one form per child

ENROLLMENT

Class or Program	Session/Dates	Fee

PERSONAL INFORMATION

Child's Name: First Last M.I. Birth date: MM/DD/YYYY

Address: Street City State Zip
 Male Female

School Entering Grade Age Sex

Parent/Guardian First Last

Day Phone Cell Phone Email Address
 Yes, You may use my email address to send me current and future information regarding youth programs

Local Emergency Contact: *different from #1 & #2 above* First Last

Day Phone Cell Phone

UCI CAMPUS RECREATION AFFILIATION

Parent/Guardian's Affiliation to UCI _____ Student/Staff/Faculty ID# _____

If Sponsored, Sponsors name _____ Sponsor's Affiliation/ID # _____

CAMPER PICK UP AUTHORIZATION *(Please list those authorized other than Parent/Guardian listed above)*

Parent/Guardian Authorization Signature _____

1. _____ Phone _____

2. _____ Phone _____

CAMPER RELEASE AUTHORIZATION (CHILDREN 10 AND OVER)

I Request UC Irvine Campus Recreation to allow my child to release him/herself at the end of camp.

Parent/Guardian Authorization Signature _____

FOR OFFICE USE ONLY

Fee: _____ Cash Check # _____ Visa MasterCard Payroll Deduction

**Youth Programs
Medical Consent Form**

I (we), the undersigned parent(s), or legal guardian of (Name of Child) _____, do hereby request that he/she be permitted to attend the UC Irvine Campus Recreation Youth Programs and should the need arise, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis and treatment rendered under the supervision of a licensed physician. 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 licensed physician in the exercise of his/her best judgment may deem advisable.

It is understood that, if possible, effort shall be made to contact the undersigned prior to rendering treatment but that any of the above treatments will not be withheld if the undersigned cannot be reached in a timely manner. I (we) will not hold liable the Regents of the University of California, its officers, employees, or agents for medical aid or first aid rendered and will be solely responsible for all medical or other expenses incurred in the care of my child.

I authorize release of information on this form to any licensed physician, hospital or medical staff member involved in the treatment or care of my child.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Medical Information:

Emergency Contact _____ Phone _____

Current Medications _____

Pertinent Medical History _____

Allergies _____

Insurance Information (Required)

Insurance Company _____

Policy Holder Name _____

Policy Number _____

Parent/Guardian Release

I am the parent or legal guardian of _____ and I have read and understood and agree to the terms and conditions of this application and I am signing this release on behalf of said minor.

Parent/Guardian Signature: _____ Date: _____

