



**Community Services Department**

3232 Main Street, Lemon Grove, CA 91945 (619) 825-3800 Fax: (619) 825-3818

# Youth Registration Form

The parent/guardian who completes and signs this form is the primary contact for the City of Lemon Grove. Information submitted on this form can only be modified by the parent/guardian who is the primary contact to the City of Lemon Grove. If information provided on this form changes, it is your responsibility for updated information to be given to the City in case of an emergency. The information you provide in this form is confidential and is used by the CITY in conjunction with the safe care of your child.

*This Form may be copied for more than one activity.*

<b>CHILD</b>	Last Name		First Name		Middle Name	
	Sex	Age	Birth Date	Grade	School Name	T-Shirt Size
Street Address			Apt. #	City	State	Zip

<b>PRIMARY Parent/Guardian</b>	Last Name		First Name		Relationship to Child
	Home Telephone		Work Telephone		Cell Telephone
				E-Mail	

Additional persons authorized to pick-up child or notified in case of an emergency.

PRINT Name	Relationship to Child	Home Telephone	Work Telephone	Cell Telephone

**PARENT/GUARDIAN RELEASE FOR YOUTH SPORTS/ACTIVITIES** I hereby request that my son/daughter permitted to participate in Youth Activities. As consideration for permitting my child to participate in Youth Activities, I hereby agree to indemnify and hold harmless the City of Lemon Grove, Lemon Grove School District and its officers, agents, employees, and volunteer aides, from any liability, which may arise in connection with this request. I understand my child will be under the general supervision of City staff during this program. I hereby authorize emergency treatment be given my child, if needed, by licensed medical personnel. Release for media and promotional photographs/interview. I give my permission for the City of Lemon Grove to take promotional pictures of my child and use them for commercial purposes.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Child has the following medication allergies:

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Day Camp participants have additional forms & separate payment form.			DEPARTMENT USE ONLY			
Pymts	Sport or Activity Name	Activity Start Date	Receipt Number	Payment Date	AMOUNT PAID	Staff In it.
1.						
2.						
3.						
4.						
5.						
6.						
7.						