

# COLTON COMMUNITY SERVICES

RECREATION • FAMILY SERVICES • CHILD CARE • LIBRARY

670 Colton Avenue • Colton, CA, 92324 • (909) 370-6153

## Tot Sports 2012

### Emergency Card & Permission Slip

Tot Basketball     Tot Soccer     Tot Flag Football     Tot T-Ball

CHILD'S NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Boy/Girl \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_  
Physician's Name/Agency \_\_\_\_\_ Phone Number \_\_\_\_\_

Please list any allergies (including food):

IF PARENTS CANNOT BE REACHED IN AN EMERGENCY, PLEASE NOTIFY (List three)

Name _____	Relation: _____	Phone Number _____
Name _____	Relation: _____	Phone Number _____
Name _____	Relation: _____	Phone Number _____

### CONSENT TO TREATMENT OF MINOR

I/we, the undersigned parent/guardian of above minor, do hereby authorize the Colton Community Services Department as agent for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of, any physician and surgeon licensed under the provision of the Medicine Practice Act on the medical staff of a licensed hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California. This authorization shall remain effective, unless revoked in writing and delivered to said Agent.

### HOLD HARMLESS AGREEMENT

In consideration of my participation in this activity, I hereby agree to indemnify and hold harmless the City of Colton and its officers, agents, and employees from any liability, claim, or action for damage resulting from, or in any way arising out of, any participation in this activity by either myself and/or the persons I have registered above. I understand that participation in this activity can result in bodily injury, including disability, dismemberment, or death.

Furthermore, I give permission to the City of Colton, its officers, agents, and employees to obtain medical treatment for myself and/or the participants registered above in the event of accident or illness, and I agree to be responsible for any financial liability resulting from any such decisions to obtain such treatment.

I further give permission to the City of Colton for the taking of photos of myself and/or the persons I have registered above during recreational activities, and for those photos to be used in City publications and/or City websites.

I, the undersigned, have read and fully understand the above HOLD HARMLESS AGREEMENT AND CONSENT TO TREATMENT OF MINOR.

\_\_\_\_\_  
Print Name of Parent/Guardian

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

\_\_\_\_\_  
Date