☐ **$70.00 1ST CHILD**

☐ **$65.00 2ND CHILD**

☐ **$60.00 3RD CHILD**

LASSEN HOOPS REGISTRATION FORM

FRONT & BACK OF FORM MUST BE SIGNED

DATE: _____CHECK#_____CASH:_____

SHIRT SIZE: YS YM YL YXL AS AM AL AXL **HEALTH INSURANCE:** Y N

Medical conditions that Lassen Hoops should be aware of:_____

PARTICIPANT NAME: LAST: _____ **FIRST:** _____

AGE: _____ **GRADE:** _____ **MALE:** _____ **FEMALE:** _____ **SCHOOL:** _____

MOTHER/GUARDIAN: LAST:_____ **FIRST:**_____

STREET ADDRESS: _____ **CITY:** _____

MAILING ADDRESS: _____ **CITY:** _____

WORK PHONE: _____**EXT:** _____ **HOME PHONE:** _____ **CELL:** _____

FATHER/GUARDIAN: LAST: _____ **FIRST:** _____

STREET ADDRESS: _____ **CITY:** _____

MAILING ADDRESS: _____ **CITY:** _____

WORK PHONE: _____**EXT:** _____ **HOME PHONE:** _____ **CELL:** _____

AUTHORIZATION FOR EMERGENCY HEALTH CARE TREATMENT AND DESIGNATION OF ALTERNATE TO PICK UP CHILD

I_____, am the parent having legal and physical custody of or the caregiver who is a relative of, and who, under section 6550 of the California Family Code, may authorize medical and dental care for, **(NAME OF MINOR)**_____ who was born on _____.

I, hereby authorize adults in the LASSEN HOOPS program, into whose care my child has been entrusted, to consent to medical or dental treatment or care of same under Section 6910 of the California Family Code.

I, further agree to pay for all charges for the medical or dental treatment or care.

EMERGENCY CONTACT INFORMATION

(1) LAST: _____ **FIRST:** _____

WORK PHONE: _____**EXT:** _____ **HOME PHONE:** _____ **CELL:** _____

RELATION TO CHILD: _____

(2) LAST: _____ **FIRST:** _____

WORK PHONE: _____**EXT:** _____ **HOME PHONE:** _____ **CELL:** _____

RELATION TO CHILD: _____

To receive physical custody of my child Under Section 1283(a) of the California Health & Safety Code upon completion of any treatment, and I specifically instruct any treating health facility to surrender the physical custody of my child to the adult named above. List any physical limitations, allergies, or special needs:

PARENT/GUARDIAN SIGNATURE: **DATE:**

LASSEN HOOPS
RELEASE AND WAIVER OF LIABILITY
AND INDEMNITY AGREEMENT FOR
MINOR CHILD UNDER 18 YEARS OF AGE

IN CONSIDERATION of being permitted to enter the **LASSEN HOOPS** recreation program for any purpose, including but not limited to observation, use of facilities or equipment, or participation in any way, the undersigned, on behalf of her/his minor child_____ and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately entering will, inspect such premises and facilities. It is further warranted that such entry into the **LASSEN HOOPS** recreation program for observation, participation or use of any facilities and equipment thereon have been inspected and that the undersigned finds and accepts same as being safe and reasonably suited for the purposes of such observation for use.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN THE LASSEN HOOPS RECREATION PROGRAMS FOR ANY PURPOSE INCLUDING BUT NOT LIMITED TO OBSERVATION, USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY WAY, THE UNDERSIGNED AGREES TO THE FOLLOWING:

1. **THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES, AND CONVENANTS NOT TO SUE THE LASSEN HOOPS,** its council members, officers, employees, and agents (hereinafter referred to as releasees), from all liability to aforesaid minor child of the undersigned, his/her successors and/or assigns, for any loss or damage, any claim or demands therefore on account of injury to the person or property or resulting in death of the aforesaid minor child of the undersigned, whether caused by the negligence of the releasees or otherwise while the aforesaid minor child of the undersigned is in, upon, or about the premises or any facilities or equipment therein.

2. **THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND HOLD HARMLESS** the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the aforesaid minor child of the undersigned in, upon or about the **LASSEN HOOPS** premises or in any way observing or using any facilities or equipment of the **LASSEN HOOPS** whether caused by negligence of the releasees or otherwise.

3. **THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE** due to the negligence of the releasees or otherwise while the aforesaid minor child of the undersigned is in, about or upon the premises of the **LASSEN HOOPS RECREATION PROGRAMS** and/or while said minor is using the premises or any facilities or equipment hereon.

THE UNDERSIGNED further expressly agrees that the foregoing **RELEASE WAIVER AND INDEMNITY AGREEMENT,** is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, not withstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AND AGREE TO ITS TERMS.

PARENT/GUARDIAN SIGNATURE: **DATE:**