



REGISTRATION
PACKAGE FOR
IYOUTH SPORTS
LEAGUE

Program Participation – Liability Release

All iYouth programs are voluntary and iYouth is not responsible for transportation to or from its programs. This form is not a contract for childcare services; all iYouth programs are “drop in”, which means that you and your child have the freedom to decide whether or not to attend. All rewards, prizes, and services are a privilege for your child.

MOTHER/FEMALE GUARDIAN INFORMATION

First & Last Name _____

Relationship to Child _____

Main phone _____ Work phone _____ Other phone _____

Email Address _____

Street Address _____

FATHER/MALE GUARDIAN INFORMATION

First & Last Name _____

Relationship to Child _____

Main phone _____ Work phone _____ Other phone _____

Email address _____

Street Address _____

With whom does the child live? _____

(Primary Residence)

Siblings attending either YI Summer Program: [First & Last Name, Age, Previous Grade]

Child #1: _____

Child #2: _____

Child #3: _____

Child #1 Name _____

MEDICAL INFORMATION:

Physician's name, phone number, address

Dentist's name, phone number, address

Insurance Co. Carrier _____ Policy
number _____

Check all that apply to the above said child's condition(s):

- | | | |
|-----------------------------------|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Other (specify) _____ | |

Child's Allergies _____

Child's Medications Taken _____

Please list any further conditions we need to know about:

EMERGENCY PHONE NUMBERS

If we are unable to reach a parent or legal guardian, we will call these numbers

Name _____ Relationship to child _____

Phone numbers _____

Name _____ Relationship to child _____

Phone numbers _____

Name _____ Relationship to child _____

Phone numbers _____

Name _____ Relationship to child _____

Phone numbers _____

STUDENT INFORMATION CONTINUED...

Child #2 Name _____

MEDICAL INFORMATION:

Physician's name, phone number, address

Dentist's name, phone number, address

Insurance Co. Carrier _____ Policy
number _____

Check all that apply to the above said child's condition(s):

- | | | |
|-----------------------------------|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Other (specify) _____ | |

Child's Allergies _____

Child's Medications Taken _____

Please list any further conditions we need to know about

EMERGENCY PHONE NUMBERS

If we are unable to reach a parent or legal guardian, we will call these numbers

Name _____ Relationship to child _____

Phone numbers _____

Name _____ Relationship to child _____

Phone numbers _____

Child #3 Name _____

MEDICAL INFORMATION:

Physician's name, phone number, address

Dentist's name, phone number, address

Insurance Co. Carrier _____ Policy
number _____

Check all that apply to the above said child's condition(s):

- | | | |
|-----------------------------------|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Other (specify) _____ | |

Child's Allergies _____

Child's Medications Taken _____

Please list any further conditions we need to know about:

EMERGENCY PHONE NUMBERS

If we are unable to reach a parent or legal guardian, we will call these numbers

Name _____ Relationship to child _____

Phone numbers _____

Name _____ Relationship to child _____

Phone numbers _____

Name _____ Relationship to child _____

Phone numbers _____

Name _____ Relationship to child _____

PARENTS' AUTHORIZATION OF PARTICIPATION

I give permission for my child to attend Youth Institute of College Station Summer Program. My child may participate in all summer program activities and in all weekend and daily enrichment activities which are held throughout the year. I understand that there are certain risks of damages and injuries, including death, inherent in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. These risks include, but are not limited to, those hazards associated with all on-site activities, weather conditions, travel, and other participations.

I grant full permission and authority to Youth Institute of College Station and their representatives to photograph my child and to use, publish, and release for publications such photos. The name of my child may be used in connection with the above, with the understanding that there is to be no exploitation of him or her and that any photographs so used should conform to standards of good taste.

I hereby release and discharge Youth Institute of College Station as well as its directors, officers, administrators, employees, volunteers, other agents and other parties of interest, from all claims, demands, grievances and causes of action of every kind whatsoever, including but not limited to, all which may arise from or out of any injury incurred by my child while in attendance at the programs or enrichment activities and all injuries arising from the negligence of any of the above while traveling to this activity via private transportation. I further agree to hold harmless and fully indemnify Youth Institute of College Station as well as its directors, officers, administrators, employees, volunteers, other agents and other parties of interest from any and all claims, damages, costs, including attorney fees, and causes of action, which may arise from any cause of action made by me or by, through or on behalf of my child, even if the damages, injuries or death are caused in whole or in part by any of the persons or entities hereby released. **INITIAL** _____

MEDICAL AUTHORIZATION

I hereby give permission to medical personnel selected by Youth Institute of College Station to order X-rays, routine tests, and treatment for my child, if he or she becomes ill, and in the event I cannot be reached in an emergency. I hereby give permission to the physician selected by YICS to hospitalize, secure proper treatment for, and order injection and/or anesthesia and/or surgery for my child as named here. I further agree to be financially responsible for all such medical services. This form may be photocopied for use at any YICS activity. **INITIAL** _____

RELEASE TO TRANSPORT

I hereby give full permission for my child to be transported by the staff, mentors, volunteers or other representatives from Youth Institute of College Station during the 2016 YI Youth Summer Program June 13 – Aug 12th.

I hereby release and discharge Youth Institute of College Station and any and all other parties of interest from all claims, demands, grievances and causes of action of every kind whatsoever, including by not limited to, all which may arise from or out of the injury incurred by my child while being transported to and from Youth Institute of College Station activities. **INITIAL** _____

Signature of Parent/Guardian: _____

Date: _____