

**Tustin Unified School District**  
**SPORTS REGISTRATION & EMERGENCY FORM**



Please fill out one form for each child

CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: Home \_\_\_\_\_ Cell \_\_\_\_\_ Emergency \_\_\_\_\_

PARENT E-MAIL \_\_\_\_\_

STUDENT E-MAIL \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ POLICY # \_\_\_\_\_

COURSE #	COURSE NAME	LOCATION	SESSION # (if applicable)	TIME Begin	TIME End	FEE
2025	Fitness Youth Camp	FHS (T/TH)	4/1-5/15	3:30pm	5:30pm	\$250
					<b>TOTAL</b>	<b>\$250</b>

**IF PAYMENTS WAS ALREADY MADE, PLEASE DISREGARD FEE INFORMATION**  
**MAKE CHECK OR MONEY ORDER PAYABLE TO: Foothill Football Boosters**

FOR OFFICE USE ONLY: Check # _____ Amount \$ _____ Date Rec'd _____
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**AUTHORIZATION TO TREAT A MINOR**

I (We) the undersigned parent(s)/legal guardian of \_\_\_\_\_ a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any emergency general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of a specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

List any restrictions or special needs we should be aware of: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_