

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	\$300
					TOTAL	\$300

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 _____

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 _____