



City of Lemon Grove, Community Services Division
 3232 Main Street, Lemon Grove, CA 91945 ● (619) 825-3815 ● Fax: (619) 825-3818

YOUTH REGISTRATION FORM

The parent/guardian who completes and signs this form is the primary contact for the City of Lemon Grove. Information submitted on this form can only be modified by the parent/guardian who is the primary contact to the City of Lemon Grove. If information provided on this form changes, it is your responsibility for updated information to be given to the City in case of an emergency. The information you provide in this form is confidential and is used by the CITY in conjunction with the safe care of your child.

CHILD	Last Name			First Name <i>This Form may be</i>		Middle Name <i>more than one activity.</i>	
	Sex	Age	Birth Date	Grade	School Name	T-Shirt Size	
Street Address				Apt. #	City	State	Zip

PRIMARY Parent/Guardian	Last Name			First Name		Relationship to Child	
	Home Telephone		Work Telephone		Cell Telephone	E-Mail	
SECONDARY Parent/Guardian	Last Name			First Name		Relationship to Child	
	Home Telephone		Work Telephone		Cell Telephone	E-Mail	

- FOR SUMMER CAMP ONLY:** Camper's 1st day of the week **MUST** be on a Monday or Tuesday.

Additional persons authorized to **pick-up** child or notified in case of an **emergency** in order of **PRIORITY**

PARENT/GUARDIAN RELEASE FOR YOUTH SPORTS/ACTIVITIES I hereby request that my son/daughter permitted to participate in Youth Activities. As consideration for permitting my child to participate in Youth Activities, I hereby agree to indemnify and hold harmless the City of Lemon Grove, Lemon Grove School District and its officers, agents, employees, and volunteer aides, from any liability, which may arise in connection with this request. I understand my child will be under the general supervision of City staff during this program. I hereby authorize emergency treatment be given my child, if needed, by licensed medical personnel. Release for media and promotional photographs/interview. I give my permission for the City of Lemon Grove to take promotional pictures of my child and use them for commercial purposes.

Signature of Parent/Guardian

Date

Child has the following medication allergies:

Child has the following food allergies / restrictions:

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PLEASE WRITE N/A IF NOT APPLICABLE

DEPARTMENT USE ONLY			DEPARTMENT USE ONLY			
Pymts	Sport or Activity Name	Activity Start Date	Receipt Number	Payment Date	AMOUNT PAID	Staff Init.
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

T SHIRT: _____

PARENT GUIDELINES: _____