

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



STUDENT'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

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

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

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

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

Please tell us about child's previous experience: \_\_\_\_\_

COURSE #	COURSE NAME	LOCATION	SESSION # (if applicable)		FEE
FH3	RETURNING BASKETBALL	FHS			250.00
				<b>TOTAL</b>	<b>\$</b>

**MAKE CHECK OR MONEY ORDER PAYABLE TO:** *Tustin Unified School District*

**RETURN TO:** Coach Rusty Van Cleave – Foothill High School – 19251 Dodge Avenue – Santa Ana, CA 92705

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