



# City of Pinole Recreation Program

## Pinole Youth Center Registration Form

Registration is based on a first come, first served basis. Payments are non-refundable and programs may not be prorated for irregular attendance.

**Select the Recreation Program you are registering for (Required - Select at least one option):**

- PYC After School Program     PYC Summer Camp  
 PYC Days Off Care             PYC Winter Camp  
 PYC Spring Camp                 PYC President's Camp

**Youth Participants Name (Required):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**School Attending/Grade (Required):** \_\_\_\_\_

**Parents Full Name (Required):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Address (Required):**

Street: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Phone (Required):** (     )     -     \_\_\_\_\_

**Email (Required):** \_\_\_\_\_

## Emergency Contact Informatio

*Adults who should be contacted in case of an emergency.*

**Full Name (Required):** \_\_\_\_\_

**Relationship to Child (Required):** \_\_\_\_\_

**Phone (Required):** (     )     -     \_\_\_\_\_

**Full Name (Required):** \_\_\_\_\_

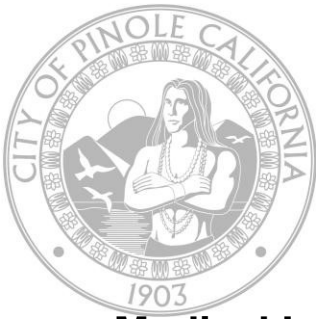
**Relationship to Child (Required):** \_\_\_\_\_

**Phone (Required):** (     )     -     \_\_\_\_\_

**Full Name:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

**Phone:** (     )     -     \_\_\_\_\_



# City of Pinole Recreation Program

## Medical Information

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**Medical Carrier (Required):** \_\_\_\_\_

**Allergies (Required):** \_\_\_\_\_

**Other Necessary Medical Information:**

*Include medications. Please provide Coordinator with any medications in original packaging, with direction for use, prior to child's attendance*

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## **Completion of this Release Form is a prerequisite for participation in City of Pinole Recreation activities.**

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Consent to Treat: I hereby give my consent for the City of Pinole staff and instructors to take me (or my child/ward) to the appropriate medical services and give appropriate medical authorization in the event that I cannot be immediately contacted. It is understood that the cost thereof will be at my expense. If a physician is listed above, every effort will be made to contact such physician. However, the location of the activity or the nature of the injury or illness may require the use of emergency medical personnel.

I do not give my consent to treat and I request that medical or surgical services be withheld.

Photo Consent: By signing this registration form, you authorize the City of Pinole to use your name (or child's/ward's name) and/or photograph in any future educational and/or community informational purposes, either printed or otherwise (including, but not limited to, use on the city's website and on its public television station) produced by the City of Pinole. Further, there is no monetary compensation for this consent.

Check here only if you do not give photographic consent.

**Full Name (Required):** \_\_\_\_\_

**Signature (Required):** \_\_\_\_\_

**Date (Required):** \_\_\_\_\_



# City of Pinole Recreation Program

## **PINOLE YOUTH CENTER CHILD PICK-UP PROCEDURE**

*PLEASE ONLY FILL OUT IF YOU ARE A NEW APPLICANT OR HAVE UPDATES*

Please specify below whether your child will have permission from you as their legal guardian to leave the Pinole Youth Center by themselves, or with another adult you have specified below, or if you choose to waive this right and will sign them out on a daily basis.

Please check one of the following boxes:

- I agree that my designated person(s) or I will come into the Pinole Youth Center to sign my child \_\_\_\_\_ out on a daily basis.
- I agree that my child may leave on his/her own the following designated days without my signing out. I understand that Pinole Youth Center is not responsible for my child once they sign themselves out and they leave the Pinole Youth Center Building for that day.

### **Designated Days and Times:**

*Ex. Monday and Wednesday ONLY at 5:00 pm*


The following person(s) may sign my child out:

- Name/ Relationship:** \_\_\_\_\_
- Name/ Relationship:** \_\_\_\_\_
- Name/ Relationship:** \_\_\_\_\_

I understand that I may at any time change my mind and will fill out this form again to specify any change for my child. I understand that the Pinole Youth Center closes 15 minutes after the program time ends and that my child will no longer be supervised by Pinole Youth Center staff and the Pinole Youth Center is not liable for my child after that point in time.

**Parent/Guardians Full Name (Required):** \_\_\_\_\_

**Signature (Required):** \_\_\_\_\_

**Date (Required):** \_\_\_\_\_