



YSE REGISTRATION APPLICATION

Year: 20\_\_\_\_\_

Please circle one: CCMS   EL Marino   Farragut   Lin Howe   EL Rincon   La Ballona  
 YSE Soccer    YSE Sports Camp    YSE Basketball/Clinic    YSE Flag Football    YSE Races

Child #1 Information

Child's Name: \_\_\_\_\_ Child's Sex:  Male    Female

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Grade level in fall: \_\_\_\_\_

Medical Background:

Does your child have any of the following? (Circle all that apply)

- ADHD    Epilepsy    Allergies  
 Asthma    Heart Trouble (If yes, please explain: \_\_\_\_\_)    Diabetes  
 Other \_\_\_\_\_

Does your child have disabilities or special needs?  Yes    No

If yes, please explain: \_\_\_\_\_

Does your child have an Epipen?  Yes    No

Does your child know how to swim?  Yes    No

Can your child go to the pool?  Yes    No

Shirt size (circle one):

Youth Size: Small Medium Large

Adult Size: Small Medium Large Extra Large

Child #2 Information

Child's Name: \_\_\_\_\_ Child's Sex:  Male    Female

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Grade level in fall: \_\_\_\_\_

Medical Background:

Does your child have any of the following? (Circle all that apply)

- ADHD  Epilepsy  Allergies  
 Asthma  Heart Trouble (If yes, please explain: \_\_\_\_\_)  Diabetes  
 Other \_\_\_\_\_

Does your child have disabilities or special needs?  Yes  No

If yes, please explain: \_\_\_\_\_

Does your child have an Epipen?  Yes  No

Does your child know how to swim?  Yes  No

Can your child go to the pool?  Yes  No

Shirt size (circle one):

Youth Size: Small Medium Large

Adult Size: Small Medium Large Extra Large

Parent #1 Information
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Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Address \_\_\_\_\_

Parent #2 Information
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Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Address \_\_\_\_\_

Emergency Contact Information
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Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do you authorize walking field trips with staff? Yes No

Do you authorize your participant to self sign out? Yes No

(Participants must be in middle school to do self sign out with parent/legal guardian signature below.)

If Parent/Legal Guardian terminates the participant's registration before the end of the school calendar year, the Parent/Legal Guardian will be subject to a penalty fee equal to two monthly program registration fees to offset YSE programming costs.

I understand and agree that the registering participant/s are only allowed two disciplinary write ups per school year before being suspended or possibly terminated from the program.

By signing you agree and accept the terms of registering the participant for the full calendar school year.

Print Name: \_\_\_\_\_

Parent/Legal Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional adults that are authorized to pick up your participant (Picture I.D. required):

Name: \_\_\_\_\_ Contact number: \_\_\_\_\_

Name: \_\_\_\_\_ Contact number: \_\_\_\_\_



**PHYSICAL EXAM (to be completed by Physician):**

**Student Athletes Name:** \_\_\_\_\_  
(First) (Last)

Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_ Height \_\_\_\_\_

Weight \_\_\_\_\_ Vision \_\_\_\_\_

HEAD \_\_\_\_\_ Neck \_\_\_\_\_  
Back \_\_\_\_\_

Chest \_\_\_\_\_ Shoulder/Arms \_\_\_\_\_  
Knee \_\_\_\_\_

Heart \_\_\_\_\_ Wrist/Hand/Fingers. \_\_\_\_\_

Elbow/Forearm. \_\_\_\_\_ Hip/Thigh \_\_\_\_\_  
Foot/Ankle \_\_\_\_\_

**I hereby certify that the above-named student was examined by me on date: \_\_\_\_\_, and he/she**

\_\_\_\_\_ **IS physically fit to engage in sports without restriction**

\_\_\_\_\_ **IS NOT physically fit to engage in sports because**

\_\_\_\_\_  
**Signature of Examining Physician** **Date**

**Address of Physician:**

\_\_\_\_\_

**Phone ( \_\_\_\_\_ ) \_\_\_\_\_**

**OFFICIAL Physician Stamp below here:**

**CULVER CITY Schools**  
**YSE Basketball - ATHLETIC EMERGENCY CARD**

**Athletics**

Sport: \_\_\_\_\_

Student's Name

\_\_\_\_\_

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*Print*                      (Last)                                      (First)                                      (Middle)

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

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone(    ) \_\_\_\_\_ Cell Phone(    ) \_\_\_\_\_

Mother/Guardian Day Phone(    ) \_\_\_\_\_ Mother/Guardian Name(    ) \_\_\_\_\_

Father/Guardian Day Phone(    ) \_\_\_\_\_ Father/Guardian Name(    ) \_\_\_\_\_

**In case of emergency, illness or accident and I cannot be contacted, the YSE staff has my permission to contact and release my child to one of the following:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone(    ) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone(    ) \_\_\_\_\_

Family Physician/Health Plan Provider \_\_\_\_\_ Phone(    ) \_\_\_\_\_

Policy Number \_\_\_\_\_ Is the student presently taking medication? \_\_\_\_\_

Explain \_\_\_\_\_

**EMERGENCY AUTHORIZATION:** I hereby give permission to the medical personnel selected by YSE staff and in the event I cannot be reached in any emergency, I hereby give permission to the physician selected by YSE staff to hospitalize, secure proper treatment and order an injection and/or anesthesia and/or surgery for my child as named above, if the physician decides such treatment is necessary.

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

\_\_\_\_\_  
Date

## **Acknowledgment of Risk and Hold Harmless Agreement YSE Recreation**

PLEASE READ CAREFULLY!

I hereby acknowledge that I have voluntarily chosen to participate in the activities of YSE Recreation. The activities include; but are not limited to, Aerobic, Fitness, Martial Arts, Sports, Climbing Wall, Open Recreation, Weight Training, Cardiovascular Training, Aquatic Activities and other special events (hereinafter called activity or activities).

I understand the risks involved in the activities. I recognize that each activity involves risk of injury and I agree to accept any and all risks associated with it, including but not limited to property damage or loss, minor bodily injury, serious bodily injury or death. I further recognize that my participation in the activities may lead to minor or serious bodily injury to the head, neck and back; and injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system; injury to internal organs; and injury or impairment to other aspects of the body, general health, and well-being. I understand the danger and risk of participating in the activities may not only result in bodily injury, but also in impairment of future abilities to earn a living; to engage in other business, social, and recreational activities; and generally to enjoy life. I also understand that participation in the activities involve risks incidental thereto, including but not limited to, travel to and from competitions, practices, classes; limited availability of immediate medical assistance; and the possible negligent or reckless conduct of other participants. I am voluntarily participating in the activities with the knowledge of the risks involved and hereby agree to accept any and all inherent risks of property damage, bodily injury, or death.

In consideration of my participation in the activities, and to the fullest extent permitted by law, I agree to indemnify, defend and hold harmless YSE, its officers, directors, employees, agents, volunteers and assigns from and against all claims arising out of or resulting from my participation in the activities. Claim as used in this agreement means any financial loss, claim, suit, action, damage, or expense, including but not limited to attorney's fees, attributable to bodily injury, sickness, disease or death, or injury to or destruction of tangible property including loss of use resulting therefrom. In addition, I hereby voluntarily hold harmless YSE, its officers, directors, employees, agents, volunteers and assigns from any and all claims, both present and future, that may be made by me, my family, estate, heirs or assigns.

I hereby expressly agree to indemnify, defend, and hold harmless YSE, its officers, directors, employees, agents, volunteers and assigns for any claim arising out of or incident to my participation in the program.

I understand that YSE strongly recommends that I consult with a physician prior to engaging in strenuous physical activity. I acknowledge that My Child / I am good physical condition to engage in strenuous physical activity, including, but not limited to the activities offered through YSE Recreation. If my physical condition changes at any time, My Child / I will voluntarily withdraw from the activities.

I also understand that YSE do not provide any medical or dental insurance or life insurance to cover bodily injury, illness or death, nor insurance for personal property damage or loss, nor insurance for liability arising out of My Child's / my negligent acts or omissions; and I acknowledge that I am completely responsible for My Child's / my own insurance to cover these expenses.

I further understand that this acknowledgment of risk and hold harmless is intended to be as broad and inclusive as permitted by the laws of the State of California and that if any portion hereof is held invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect.

I agree that this acknowledgment of risk and hold harmless is effective for as long as My Child's / I participate in the activities.

**IF THE PARTICIPANT IS UNDER THE AGE OF 18, AN ACKNOWLEDGMENT OF RISK AND HOLD HARMLESS AGREEMENT MUST BE SIGNED BY A PARENT OR GUARDIAN.**

I have read and understand the YSE Recreation's acknowledgment of risk and hold harmless agreement

Witness my signature this \_\_\_\_\_ (date).

\_\_\_\_\_  
STUDENT

\_\_\_\_\_  
PARENT

# YSE FIELD TRIP

## Parental/Guardian Consent Form and Liability Waiver

Participant's / Child's Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Contact  
Number: \_\_\_\_\_

Home  
Address: \_\_\_\_\_

Emergency Contact Name & Phone number  
\_\_\_\_\_

I, (Parent/Guardian) \_\_\_\_\_, grant permission for my child

(Child's Name) \_\_\_\_\_, to participate in field trip events that  
requires transportation. This activity will take place under the guidance and direction of YSE staff and/or  
volunteers. (All volunteers must be cleared and finger printed by DOJ)

Name of event: \_\_\_\_\_

Location of event: \_\_\_\_\_

Date and time of departure: \_\_\_\_\_

Return Time: \_\_\_\_\_

Mode of transportation to and from event: School Bus

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above  
named minor participant.

I agree on behalf of myself, my child named herein, or our heirs, successors and assigns, to hold  
harmless and de the Organizer its officers, directors and agents, and representatives associated with the  
event, from any and all actions, claims, demands, damages, costs, expenses and all consequential  
damage arising from or in connection with my child attending the event or in connection with any illness or  
injury or cost of medical treatment in connection therewith, and I agree to compensate the Organizer, its  
officers, directors and agents, or representatives associated with the event for reasonable attorney's fees  
and expenses arising therewith.

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

## YSE Field Trip Protocols for Lost Children/Emergencies

- YSE will provide students with matching, brightly colored t-shirts or bracelets, and set up a buddy system.
- Give children clear instructions on what they're to do if they get lost while on the field trip.
- Never allow students to go into the restroom without a buddy. Depending on the age of the students, a chaperone may need to survey the restroom to be sure it's safe for students to enter, and then wait outside the restroom until the children emerge.
- Create a roster and bring it with you on the field trip. Check students against the roster several times throughout the day to make sure no one is missing. Good checkpoints include when the group leaves the school, once you arrive at your destination, and at lunch.
- Take a photo of each group of kids to verify identity.

If any child is missing, notify facility staff or police immediately. Ask people in the nearby area to stay there until staff or police arrive so they may provide any information they may have about the missing student.

## Addressing Medical Emergencies

In addition to a well stocked [first-aid kit](#), YSE will carry sunscreen, a working cell phone, any emergency medications students may need, a list of emergency phone numbers, and parent contact information.

If a student is hurt, determine the extent of the injury. If there's a possibility of neck or spinal injury, don't move the student. Summon professional medical attention immediately.

YSE director or staff supervisor will carry a first aid and make sure an adult stays with the injured child. Obtain medical assistance, if needed, and contact the students'

parents or guardians as soon as possible as well as the Culver City registration office/ Coordinator. Complete an accident report afterward to document what happened.

## Preventing Disciplinary Problems

**YSE will inform all staff to know that, if you can't see them then you're not supervising them!**

- All students will be notified prior of all rules while out on trips. Behavior expectations and discipline rules that they are to follow while on the field trip.
- YSE staff will be aware of these expectations and the appropriate disciplinary tactics and rules to follow.
- An Incident report will be made for any participant not following the field trip rules. Participants' parents or guardians will be notified and presented with the report. A copy will be sent to parks and recreation coordinator.

When a student breaks the rules on a trip, he or she may be subject to future suspension from field trips.

**Y.S.E.**  
***Video/Photo Release Form***

For good and valuable consideration, the receipt of which is hereby acknowledged, I, \_\_\_\_\_, hereby authorize "YSE enterprise corp" permission to use my or my child's image in a Videography/Photography in any and all of its publications, including but not limited to all "Youth Sports Enrichment" printed and digital publications. I understand and agree that any video using my image will become property of Y.S.E.

I hereby irrevocably authorize Y.S.E. to edit, alter, copy, exhibit, publish, or distribute images for purpose of publicizing "YSE Enterprise Corp" program or for any other related lawful purpose. In addition, I do not waive the right to inspect or approve the finished product, including written or electronic copy, where in my image or my child's image appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph/Videography. I hereby hold harmless and release and forever discharge "YSE Enterprise Corp" from all claims, demands, and cause of actions, which I, my heirs, representatives, executors, administrator or any other persons acting on behalf or on behalf of my estate have or may have by reason of this authorization.

Print youth full name: \_\_\_\_\_

Print parent or legal guardian: \_\_\_\_\_

Parent or legal guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Allergy and Special Diets Form

### CHILD'S INFORMATION:

Please complete this form if the child has a food allergy, seasonal allergy, contact allergy, or special diet.

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Attending Sibling Name: \_\_\_\_\_

### PARENT OR GUARDIAN INFORMATION:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_

### LIST OF ALLERGIES AND INTOLERANCES (Circle all that Apply)

Peanut Wheat Gluten Dairy Shellfish Soy Eggs Fish Tree Nuts Other (please list): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### EMERGENCY CONTACTS

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Please fill out form and email to **DJVINCENT81@GMAIL.COM**. We will make every attempt to meet special diet and food allergy needs during our field trips. Contact **562-477-0907** for more information. By signing, I am certifying that I understand the information contained in this form and I verify the information provided is true and correct.

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



## Authorized Pickup Form

### CHILD/CHILDREN:

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

### AUTHORIZED PICK-UP PERSONS

Pick-Up Person #1 Name: \_\_\_\_\_

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

Pick-Up Person #2 Name: \_\_\_\_\_

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

Be prepared to present a photo ID at pick-up. Please fill out form and email to **DJVINCENT81@GMAIL.COM**.  
Contact **562-477-0907** for more information.

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