

TCPUD Department of Parks and Recreation Registration Form, Release of Liability and Agreement to Indemnify

Please Identify Your Area: _____ Tahoe City to Dollar Hill* _____ Old County to Carnelian Bay
 _____ Kings Beach _____ Incline Village _____ Truckee _____ Tahoe Vista
 _____ Squaw Valley _____ Alpine Meadows _____ West Shore* _____ Other

Resident* _____ **Non-Resident** _____
 *Resident must reside or own property within the TCPUD service area.

Participant Information:

Last Name	First Name	Age	Grd	Sex	Birth Date	Activity Name & Date	Fee	Pd/Dt

Adult Information:

Mother's Name (Last): _____ (First) _____
 Father's Name (Last): _____ (First) _____
 Physical Address: _____ City _____ State _____ Zip _____
 Mailing Address: _____ City _____ State _____ Zip _____
 Phone (home) _____ (work) _____ (cell-Mother) _____
 (e-mail) _____ (cell-Father) _____

Emergency Information (for children under 18)

Family Physician _____ **Phone** _____

Insurance Carrier name _____

Does your child have any **special needs / medications** we should know about? Any known **medical problems** (allergies, vision, hearing):

What action should be taken in the event of a **medical emergency**? _____ Whatever is necessary Other: _____

Who should be contacted in case of emergency (**other than adults listed above on this form**)?

Name _____ Phone (daytime) _____ (night) _____

Pick Up Authorization:

List the person(s) with **permission to pick up your child(ren)** from a program (**other than adults listed above on this form**):

Name _____ Phone (daytime) _____ (night) _____

Name _____ Phone (daytime) _____ (night) _____

