



CITY OF CORONADO
 RECREATION ACTIVITY REGISTRATION FORM - ADULT
PARTICIPANT INFORMATION FORM

Personal Information

Participant's Name _____
 Date of Birth _____
 Home Phone: _____
 Cell Phone: _____
 E-mail Address _____

Emergency/Medical Information

Please list an emergency contact.
 Emergency Contact: _____
 Relationship: _____
 Cell Phone: _____
 Do you have any allergies or special needs that we need to be aware of? ____ Yes ____ No
 If yes, please explain: _____

 Do you take medications? ____ Yes ____ No
 If yes, please explain: _____

AUTHORIZATION OF TREATMENT AND HOLD HARMLESS

This form signed by you authorizes emergency medical treatment for you in case of necessity. Should it be necessary for you to be away from home it can authorize the City of Coronado to act for you. (I)(We) the undersigned, do hereby authorize THE CITY OF CORONADO and/or any California Hospital as agents for the undersigned to consent, in advance of any specific diagnosis, to any x-ray examination, anesthetic medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any California Hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California, and shall remain effective until revoked in writing by (I)(We). I will not hold the City of Coronado responsible for any damage arising from any injury that might be received while participating in activities of the City of Coronado Recreation Department.

Signature: _____
 Signature of Participating Adult Date

Printed Name: _____
 Name of Participating Adult Date

NAME AND LIKENESS RELEASE

In further consideration of participation in the City of Coronado Recreation Programs, I agree that the City of Coronado and its officers, agents, or employees may use my appearance, name, and likeness in connection with my participation in any City of Coronado publication, including news release, without my prior consent. I further agree that I am not entitled to any compensation for such use of my appearance, name, and likeness.

Signature: _____
 Signature of Participating Adult Date