



Youth Sports Council of Fort Worth, Inc.

**REGISTRATION FORM  
FORMA DE REGISTRACION**



DATE (Fecha) \_\_\_\_\_ SPORT (Deporte) \_\_\_\_\_

SCHOOL (Escuela) \_\_\_\_\_ GRADE LEVEL \_\_\_\_\_

SPORTS CLUB \_\_\_\_\_

NAME (Nombre) \_\_\_\_\_  MALE (Niño)  FEMALE (Nina)

ADDRESS (Domicillo) \_\_\_\_\_

CITY (Cudad) \_\_\_\_\_ ZIP (Zona Postal) \_\_\_\_\_

TELEPHONE (Telefono):  
HOME (Casa): (\_\_\_\_) \_\_\_\_\_ WORK (Trabajo): (\_\_\_\_) \_\_\_\_\_

OTHER (Otro): (\_\_\_\_) \_\_\_\_\_ \* IN CASE OF EMERGENCY (en caso de emergencia)

E-MAIL ADDRESS (E-Domicillo) \_\_\_\_\_

DATE OF BIRTH (Fecha de Nacimiento) \_\_\_\_\_ AGE (Edad) \_\_\_\_\_

AFRICAN AMERICAN  ASIAN  CAUCASIAN  LATINO  OTHER \_\_\_\_\_  
Afro Americano  Aasiatico  Blanco  Latino  Otro

DOES YOUR CHILD HAVE SPECIAL NEEDS?  YES  NO. IF YES, PLEASE SPECIFY:  
(REQUIERE SU HIJO/HIJA ATENCION ESPECIAL?  SI  NO. I ES SI, POR FAVOR ESPECIFIQUE)

DOES YOUR CHILD TAKE ANY MEDICATION(S)?  YES  NO. IF YES, PLEASE SPECIFY:  
(REQUIERE SU HIJO/HIJA DE ALGUN MEDICAMENTO(S) ?  SI  NO. SI ES SI, POR FAVOR ESPECIFIQUE)

FEE PAID \$ \_\_\_\_\_ METHOD OF PAYMENT:  CASH  CHECK  MONEY ORDER  
(MATRICULA) METODO DE PAGO:  Dinero  Cheque  Order de Pago

***I, the undersigned Parent or Guardian, have read and agree to the Parent Consent and Medical Treatment Authorization on the back of this form.***

**Yo, el infraescrito Padre y/o Guardian, he leído y estoy de acuerdo de dar mi consentimiento y autorizo Atencion Medica especificada en el reverse de esta registracion de Youth Sports Council of Fort Worth, Fort Worth Independent School District and the City of Fort Worth Parks & Community Services Department.**

\_\_\_\_\_  
Parent (Padre)

\_\_\_\_\_  
Date (Fecha)

\_\_\_\_\_  
Legal Guardian (Guardian Legal)

\_\_\_\_\_  
Date (Fecha)

## TREATMENT AUTHORIZATION

The Parent and/ or Guardian of

\_\_\_\_\_ a minor, do hereby request participation in the activities of The Youth Sports Council of Fort Worth during the current sports season, and in consideration of such participation, Parent and/or Guardian on his own behalf of the participant hereby releases, discharges and indemnifies The Youth Sports Council of Fort Worth, Fort Worth Independent School District, The City of Fort Worth Parks & Community Services Department and those individual schools under the direction and control, their directors, officers, all program sponsors, consultants and volunteers and the successors, assigns, officers, employees, and trustees of the aforementioned entities from all liability for injury to the participant or damage to property of participant.

The Parent and/or Guardian of participant, do hereby authorize The Youth Sports Council of Fort Worth, Fort Worth Independent School District, The City of Fort Worth Parks & Recreation Department and those individual schools under their direction and control, as agents for the undersigned to consent 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 special supervision of, any physician and surgeon licensed under the provisions of the Medical Practice Act of the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but given to provide authority and power on the part of our aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of his/her best judgment may deem advisable.

The Parent and/or Guardian hereby authorize any hospital which has provided treatment to the above-named minor. The Parent and or Guardian hold the aforesaid agent harmless from any liability for acts or omissions by agent taken pursuant to this Authorization. ***The Parent and/or Guardian hereby accepts full responsibility for all costs, medical and otherwise, incurred on behalf of the minor pursuant to this authorization.***

## CONSENTIMIENTO DE LOS PADRES Y LA AUTORIZACION PARA EL TRATAMIENTO MEDICO

El Padre y/o Guardian de

\_\_\_\_\_ un menor, por la presente solicito la participacion y matriculacion en las actividades de Youth Sports Council of Fort Worth durante la temporada del presente deporte, en consideracion de tal matriculacion, yo el Padre y/o guardian, por mi propia parte, y actuando por parte del solicitante, mi hijo (a), por esto medio, libro de toda culpa e indemnizo a Youth Sports Council, Fort Worth Independent School District, The City of Fort Worth Parks & Community Services y aquellas escuelas individuales bajo la direccion y control de las entidades mencionadas anteriormente, a sus directores y oficiales, a todos los patrocinadores del programa, consultantes y voluntarios y los sucesores, asignantes, oficiales, empleados y fideicomisarios de las susodichas entidades, de toda reponsibilidad de lesiones al participante o dano a la propiedad del participante.

El Padre y/o Guardian del solicitante, por la presente autorizo a Youth Sports Council of Fort Worth, Fort Worth Independent School District, The City of Fort Worth Parks & Community Services Department y aquellas escuelas individuales bajo la direccion y control de las entidades mencionadas anteriormente regiran como agente(s) por el mismo, dan consentimiento a cualquier examinacion de rayos-x, anestesico, diagnosis quirurgico o medico o tratamiento y cuidado en el hospital lo cual se estima recomendable por, y sera hecho bajo las provisiones del Acto del la Practica Medica, si se hace tal diagnosis a tratamiento en la oficina de dicho medico o en dicho hospital.

Es entendido que se da esta autorizacion antes de que se requiera cualquier diagnosis especifico, o tratamiento o cuidado en el hospital. Se da esta autorizacion para proveer la autoridad y el poder por la parte de nuestro(s) agente(s) ya mencionados para dar el consentimiento especifico a cualquier y todo tal diagnosis, tratamiento o cuidado en el hospital que se estima recomendable por el medico susodicho en el ejercicio de su mayor opinion. Y Padre y/o Guardian por la presente consiento que cualquier hospital que haya proveido tratamiento al ante mencionado menor. Yo, Padre y/o Guardian con esto descargo el agente mencionado de cualquier responsabilidad por las hechas u omisiones que hace el agente conforme a esta autorizacion ***y acepto toda responsabilidad por todos los gastos, medicos u otros, incurridos por parte del menor conforme a esta autorizacion.***