

**SHERIFF'S ACTIVITY LEAGUE OF FRESNO COUNTY
REGISTRATION/EMERGENCY CARD 2011**

NAME _____ DATE OF BIRTH _____ AGE _____
(LAST) (FIRST)

ADDRESS: _____ HOME PHONE: _____

SCHOOL ATTENDING: _____ GRADE: _____

IN CASE OF EMERGENCY CONTACT:

MOTHER: _____ ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

FATHER: _____ ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

RELATIVE/FRIEND: _____ ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

MEDICAL INSURANCE CARRIER: _____ POLICY _____

MEDI-CAL YES _____ NO _____ MEDI-CAL NUMBER _____

MY CHILD HAS A HEALTH PROBLEM WHICH MAY AFFECT HIM/HER IN THE ACTIVITIES:

YES _____ NO _____

IF YES EXPLAIN: _____

ALLERGIES: ASTHMA: YES _____ NO _____

HAY FEVER: YES _____ NO _____

MEDICATION: YES _____ NO _____

IF YES, EXPLAIN: _____

IF AN EMERGENCY SHOULD ARISE WHICH REQUIRES IMMEDIATE ATTENTION AND WE AS PARENTS/GUARDIANS CANNOT BE CONTACTED, YOU ARE AUTHORIZED TO TAKE WHATEVER STEPS NECESSARY TO PROTECT THE HEALTH OF THIS CHILD.

SIGNATURE OF PARENT/GUARDIAN

DATE