



2017

PARKS & RECREATION DEPARTMENT
YOUTH SPORTS PROGRAM

OFFICE USE ONLY
Date Rec'd _____ By _____
Course _____ Amt. pd. _____

PARTICIPANT INFORMATION FORM

Includes: Release of Claims, Acknowledgement of Risk, Documentation of Medical Condition, Code of Conduct, and Program Registration

WAIVER OF LIABILITY:

I recognize and acknowledge, on behalf of myself and on behalf of my child/ward as parent and/or guardian, that there are certain risks of physical injury that can be serious, life limiting, and life threatening, that may occur during my child's participation in the Parks & Recreation Department's Youth Sports Programs, and certain dangers inherent in the activity which cannot be avoided or eliminated.

ACKNOWLEDGEMENT OF RISK:

By registering your minor child/ward for participation in a Youth Sports Program, I will waive and release all claims for injuries my child/ward might sustain arising out of participation. Programs include but are not limited to: basketball, flag football, tackle football, volleyball, softball, nearball, soccer, swim lessons, tennis, tae kwon do, tumbling and various extended time programs (camps).

INDEMNIFICATION:

I further agree to indemnify and hold harmless the "Released Parties" from any and all claims resulting from injuries, damages and losses sustained by me or by my child/ward and arising out of, connected with, or in any way associated with the activities of the Youth Sports Program, except those that arrive out of the sole negligence of the "Released Parties" and co-players.

CODE OF CONDUCT

I pledge to be responsible for my words and actions while attending, coaching, officiating, or participating in any Parks & Recreation Department event(s) and shall conform my behavior to the be consistent with the expectations identified in the Parks & Recreation Department Code of Conduct.

(PLEASE PRINT)

Head of Household Information: FIRST NAME _____ LAST NAME _____

WOULD LIKE TO RECEIVE OUR E-MAIL NEWSLETTER? E-ADDRESS: _____

MINOR PARTICIPANT'S NAME (First) _____ (Last) _____ [] Boy [] Girl

BIRTH DATE (mo/da/yr) ____/____/____ SCHOOL ATTENDED _____ GRADE (in 2017-2018) _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PRIMARY PHONE: () _____ SECONDARY PHONE () _____ TEAM/COACH LAST SEASON _____

SHIRT SIZE: (circle one) YOUTH SIZES: YS (6-8) YM (10-12) YL (14-16)

If applicable ADULT SIZES: AS AM AL AXL

For Jr Tackle Football only:
Weight _____ Jersey # _____

MEDICAL CONDITIONS REQUIRING DOCUMENTATION: NONE []

[] ASTHMA [] ALLERGY (list) _____ [] ADHD OTHER (specify) _____

ACCOMMODATION NEEDED FOR BEHAVIORAL OR PHYSICAL CONDITION YES [] NO []

If yes, please list condition(s) & complete a "Recreation Inclusion Accommodation Plan" _____

I give my consent to let my child be photographed for use in media publicity or advertisement. Yes [] No []

I have read and fully understand the above program details. I waive and release of all claims. I understand and agree to abide by the CODE of CONDUCT.

Return Completed Form To:
Parks & Recreation Department
Erickson Community Center
1401 - 11th Ave North
Clinton, Iowa 52732 243-1260

Signature of Head of Household (Parent or Guardian)

Date