

Registration and Release Form

Participants Name: _____

Address: _____

Phone: _____ **School:** _____

Birthday: _____ **Sex:** _____ **Current Grade:** _____

Email Address: _____ **Last years jersey #** _____

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Volunteer Information

Are you willing to coach? Yes _____ No _____

Are you willing to assist in coaching? Yes _____ No _____

Team mom or dad? Yes _____ No _____

Coaches Name: _____ **Day Phone :** _____

Night Phone: _____

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Liability Release and Parental Consent Form

In consideration of the acceptance of my application for the above activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or death which I may have, or which may hereafter accrue to me, as a result of participation in said event. This release is intended to discharge in advance the city of West Haven, its officials, officers, employees, volunteers and agents for liability, even though that liability may arise out of negligence on the part of persons for entitles mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

Parental consent (Complete if applicant is under 18 years of age)

I give consent for my child _____ to participate in the above activity, and I execute the above liability release on their behalf.

Consent for Treatment

I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that the West Haven Parks & Recreation Department will provide no medical insurance for such treatment, and that the cost thereof will be at my expense.

I have read and understood the foregoing registration liability release and parental consent form, and agree to all of its terms and conditions.

Parent/guardian Signature

Print Name

Date

Jersey Size:	
<input type="checkbox"/> Youth Small	<input type="checkbox"/> Adult Small
<input type="checkbox"/> Youth Med	<input type="checkbox"/> Adult Med.
<input type="checkbox"/> Youth Large	<input type="checkbox"/> Adult Large
	<input type="checkbox"/> Adult XL

Receipt Information	
Date: _____	Amount: _____
Cash: _____	Check: _____