

# Chappell Summer Recreation Registration Form

## PLAYER INFORMATION

Player Name \_\_\_\_\_

Birthday (mm/dd/yy) \_\_\_\_\_

Address \_\_\_\_\_

Sex (circle one) Male Female

Home Phone \_\_\_\_\_

Special Medical Needs \_\_\_\_\_

## PARENT INFORMATION

Relationship \_\_\_\_\_

Phone

Work \_\_\_\_\_

Name: \_\_\_\_\_

Cell \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

(If different than player's)

**\*\*All parents are required to help in the concession stand, you'll be contacted by the concession directors\*\***

I/We the parents of the above named minor hereby give my/our approval to participate in Chappell Summer Recreation Program. I/We assume all risk and hazards incidental to such participation including transportation to and from the activities, and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Chappell Summer Recreation Program, the organizers, sponsors, supervisors, participants and person(s) transporting my/our child to and from activities for any claim arising out of an injury to my/our child, whether the result of negligence or for any other cause. I/We agree to return upon request the uniform and other equipment (if applicable) issued to my/our child in the same condition it was received, except for the normal wear and tear. I/We do hereby authorize any person(s) in a responsible position, to authorize emergency medical treatment for my/our child name herein. I/We agree to hold harmless such person(s) and such emergency care centers for such act and to assume financial responsibility for said treatment.

I DO HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_