



REGISTRATION FORM

Town of LaSalle

Parent or Guardian

Home Phone #

Day Time Phone #

Address

Name

Grade

Birth Date

Sex

Program

Name	Grade	Birth Date	Sex	Program

The programs offered by the Recreation Department require volunteers to run successfully. Please circle the role that you are able to perform.

Coach

Assistant Coach

Team Parent

Shirt Size:

YS

YM

YL

AS

AM

AL

AXL

AXXL

Liability Waiver

I understand that the activity that my child is registering for may have an element of hazard or inherent danger, and I take full responsibility for my child's actions and physical condition. I expressly understand and agree that neither the Northern Valley Athletic Association, School District Weld RE-1; the Town of LaSalle a municipal corporation, nor any of the officers, agents, volunteers, assistants, or employees, shall be held responsible or made subject to any claim seeking to assess damages or liability for or from personal injury or property damage to myself or other persons on whose behalf this form is now signed as a result of actual or proposed participation in the above named programs. **I hear by agree to indemnify and hold harmless the Northern Valley Athletic Association, the School District Weld RE-1, the Town of LaSalle, their officers, agents, volunteers, assistants or employees on account of any such claims.**

Medical Release

In the event that my child is injured at an athletic event or practice and an official guardian can not be reached, I give my permission for the attending physician at the site or at the hospital to treat my child

I being the parent or legal guardian of the above named participant have read the above liability waiver and emergency release statement and understand its content. To the best of my knowledge the above information is correct.

Parent Signature _____ **Date** _____

Date Received _____

Staff _____

Check # _____

Receipt# _____

Total Fees Paid _____