

LaSalle Recreation

Hunter Safety Registration

PLEASE PRINT CLEARLY!

Participant's Name _____ Age _____ Birthdate _____ Sex _____

Street/PO Box _____ City _____ ZIP _____

Guardian Name(s) _____

Phone # () _____ Email _____ @ _____

Comments: _____

List allergies, requests and anything else that would be helpful for the Director to know.

Liability Waiver

I understand that the activity 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, Town of LaSalle, a municipal organization, 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 hereby agree to indemnify and hold harmless the Northern Valley Athletic Association, School District Weld RE-1, Town of LaSalle and 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 permission for the attending physician at the site or at the hospital, to treat my child.

Parent/Guardian Signature _____ Date _____

Office Use Only

Date received _____ Staff _____ Check # _____ Receipt # _____ Fees Pd. _____ Fees Due _____ UW _____