

REGISTRATION & WAIVER/RELEASE OF CLAIMS FORM LINCOLN YOUTH RECREATION PROGRAM

Please read this form carefully and be aware that in registering your child/ward for participating in the below program, you will be waiving and releasing all claims for injuries your child/ward might sustain arising out of the youth recreation program.

I hereby allow my child/ward to take part in the Lincoln Youth Recreation Program on the grounds of the Lincoln Park District in Lincoln, North Dakota. I understand and agree that I will be available if for any reason the need arises for my child /ward to be picked up early.

I recognize and acknowledge that there are certain risks of physical injury to participants in the youth softball program and I agree to assume the full risk of any such injuries, damages or loss regardless of severity, which my child/ward may sustain as a result of participating in any activities connected or associated with the youth softball program. I waive and relinquish all claims that I, my insurer, or my child/ward may have against the Lincoln Park District and its members and any volunteers from any and all claims from injuries, damages or loss which I or my child/ward may have or which may accrue to my child/ward on account of the participation of my child/ward in the Youth Recreation Program.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE DETAILS AND WAIVER AND RELEASE OF ALL CLAIMS.

**** PLEASE LIST ANY SPECIAL INFORMATION WHICH WE SHOULD BE AWARE OF CONCERNING YOUR CHILD/WARD'S HEALTH OR ANY OTHER INFORMATION YOU FEEL MAY BE HELPFUL ****

Also note, on the space below, if you would be willing to help out with the recreation program & for which group(s).

Parent/Guardian Signature _____ Date _____

Please fill out Top and Bottom of form and return **ENTIRE FORM** to:
Lincoln Park District, #32 McDougal Drive, Lincoln, ND 58504

NOTICE: Please do NOT drop forms off @ the city office!!!

Use only (1) Form per Child.

Child's Name (First & Last) _____

Child's Birthdate (MM/DD/YYYY) _____ Phone # _____

Address _____

Parent/Guardian Name _____

Shirt Size: Y-Sm Y-Md Y-Lg A-Sm A-Md A-Lg A-XLg

Office Use Only:

Cash Check Early