

LEROY SPRINGS RECREATION COMPLEX: REGISTRATION FORM

Adult Registrant or Parents/Guardians Name: _____		Member of the Complex: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address: _____	City: _____	Zip: _____	Email Address: _____
Home Phone: _____	Cell Phone: _____	Work Phone: _____	Driver License & State: _____

WAIVER:

Insurance coverage is a requirement to participate in any Leroy Springs program.

I, the undersigned: ___ parent/adult ___ legal guardian, certify that the named participant(s), below, are covered by an insurance program with _____ Company which will compensate for injuries incurred while participating in Leroy Springs & Company, Inc. activities.

You may purchase a Standard Life Insurance policy through Leroy Springs & Company, Inc.

I also do hereby release Leroy Springs & Company Inc., its directors, officers, employees, agents or volunteers, from all liability related to loss or damage to personal property or bodily injury, while traveling to/from sponsored events, or while on properties owned by Leroy Springs & Company, Inc.

Signature of Adult/Parent/Guardian

Date

FILL IN PROGRAMS FOR EACH PARTICIPANT:

Participant's Name	M or F	Birth date	Program Name	Program Dates	Registration #	Shirt Size	Fees
						(Youth or Adult S M L XL)	
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

TOTAL FEES DUE \$ _____

SPECIAL CONSIDERATIONS:

Please list any special considerations, allergies or medications for each participant: _____

I would like to volunteer as a: (circle one) Coach Team Parent

WHO TO CONTACT IN CASE OF EMERGENCY (IF PARENT/GUARDIAN CANNOT BE REACHED):

Name _____ Phone _____

Relationship to Participant _____

Physician _____ Phone _____

Please note preferred hospital, in case of emergency. _____

OTHER PERSONS AUTHORIZED TO PICK UP CHILD: (Used for Summer Camps & After School Programs):

Name _____ Phone _____

LSC PHOTO/IMAGE/SOUND RELEASE

I hereby grant permission, without reservation, to Leroy Springs & Company, Inc., the unqualified right and permission to take and to use photographs and/or sound/image recordings of me or that of a child of whom I am the legal guardian, and to describe same for the promotion of announcing, advertising and marketing the activities of Leroy Springs & Company, Inc. This includes the unqualified right and permission to reproduce, copyright, publish, circulate, post to official website, or otherwise use photographic reproductions or likenesses and/or sound/image recordings of me or that of a child of whom I am the legal guardian, as well as the use of reproductions or likenesses of any written materials or work submitted to Leroy Springs & Company, Inc. I fully understand that no monetary payment will be made to me for such uses as described above.

I release Leroy Springs & Company, Inc., its officers, directors, agents, employees, volunteers, licensees, assignees, successor and those acting upon their authority, from all claims which I may have, or might have, for any cause of action arising out of the taking and/or use of the photographs and/or sound/image recordings.

Signature

Date

NOTE: We regret that we will not be able to honor parent requests for specific coaches or carpooling.

Office Use Only: Date Paid: _____ Amount Paid: _____ Type of Payment (circle) Cash Check Credit Staff Initials _____