

Leroy Springs Recreation Complex – Program Registration Form

*** **Very Important** – Please provide all complete contact information so that we can notify you of any program updates ***

Participants Name: _____ Male/Female: _____ Birth Date: ____/____/____

Activity Name: _____ Registration Number: _____ Complex Member (circle one): Yes No

Uniform Size (circle): **Youth:** Small Medium Large X-Large **Adult:** Small Medium Large X-Large Age on Birthday Cutoff Date: _____

Primary Guardian: _____ Secondary Guardian: _____ Driver License # & State: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: Primary: _____ Secondary: _____

Email: _____ Work Phone: Primary: _____ Secondary: _____

Emergency Contact: Name: _____ Phone: _____ Relationship to Participant: _____

Physician: _____ Phone: _____ Preferred Hospital: _____

WAIVER

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

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

If you do not have insurance, you may purchase a Standard Life Insurance policy through Leroy Springs & Company, Inc.

I also 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

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. 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

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

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

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