

Town of Otselic/OV Recreation Youth Sports Participation Form

Please complete the following information

Check the current sport and all the teams that apply.

____ **Baseball:** ____ Juniors(11-13) ____ PeeWee(8-10) ____ T-Ball(5-8)
____ **Softball:** ____ Girls Softball(8-12)
____ **Basketball:** ____ Grade 6 ____ Grade 5 ____ Grade 4 ____ Grades 1-3
____ **Soccer:** ____ U-12 ____ U-10 ____ U-8 ____ Youth Indoor Futsal

Town Residence:

____ Otselic ____ Lincklaen ____ Pitcher ____ Pharsalia
____ Plymouth ____ Georgetown ____ Lebanon ____ Other:_____

Participant's Name:	AGE	Date of Birth	Medical Needs of Interest
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent / Guardian Name:_____

Street Address:_____

City:_____ State_____ Zip code_____

Home Phone:_____ Work Phone:_____

Cell Phone:_____ Cell Phone:_____

Email:_____

Doctor's Name / Address / Phone:_____

Additional Comments:_____

Emergency Contact Name:_____

Home Phone:_____ Cell Phone:_____

PARENTS: PLEASE READ BEFORE SIGNING.

The undersigned, being the parent(s)/guardian of the above named participant(s), acknowledge that the Town of Otselic and its recreation program does not provide medical or accident insurance for the participants in this program. The undersigned accept full responsibility for insurance coverage for the child's participation, as well as for the child's conduct while participating in the program. Further, the undersigned assume(s) all risks and hazards incidental to such participation including transportation to and from the activities, and I (we) do hereby waive, release, absolve, indemnify and agree to hold harmless the Town of Otselic and its recreation program, and their agents, servants, volunteers, and employees, and any of the programs organizers, sponsors, supervisors, participants and persons transporting any child to or from activities, from any and all liability, claims, demands, cause or causes of action for any and all claims that may arise out of my (our) child's participation in the above program.

Signature of Parent / Guardian_____ Date:_____