PARTICIPATION REGISTRATION

THE CITY OF UTICA YOUTH BUREAU

CHILD NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MALE FEMALE

DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AGE\_\_\_\_\_\_\_\_\_

GRADE\_\_\_\_\_\_\_SCHOOL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENTAL PERMISSION/WAIVER OF LIABILITY

**(CHILD CANNOT PARTICIPATE IF PARENT/GUARDIAN DOES NOT COMPLETE AND SIGN)**

WE THE PARENTS/GUARDIANS OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HEREBY GIVE OUR CONSENT FOR SAID INDIVIDUAL TO PARTICPATE IN THE CITY OF UTICA YOUTH BUREAU’S SPORTS AND RECREATION ACTIVITIES. WE REALIZE THAT ANYONE WHO PARTICPATES IN ANY TYPE OF ATHLETIC ACTIVITY IN WHICH THE BODY IS IN MOTION IS EXPOSING HIMSELF/HERSELF TO A RISK OF SEVERE INJURY. WE AGREE TO RELEASE, INDEMIFY AND HOLD HARMLESS TO THE CITY OF UTICA YOUTH BUREAU, THEIR AGENTS, EMPLOYEES, OFFICIALS, COACHES AND REPRESENTATIVES FROM ALL CLAIMS, DEMANDS, ACTIONS OR CAUSE OF ACTION ARISING OR GROWING OUT OF ANY LOSS OR DAMAGE TO PERSONAL PROPERTY OR INJURY TO PERSON, WHICH MAY BE DUE TO SAID INDIVIDUAL’S PARTICIPATION IN THIS EVENT OR BY OUR REFUSAL TO OBTAIN AVAILABLE MEDICAL TREATMENT BASED ON RELIGIOUS/PHILOSOPHICAL BELIEFS.

 IF WE CANNOT BE REACHED IN CASE OF A MEDICAL EMERGENCY WE GIVE PERMISSION FOR MEDICAL TREATMENT TO BE ADMINISTERED TO MY CHILD.

DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NAME(PRINT)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_