

# SENECA PARKS & RECREATION

## *Youth Registration Form*

**OFFICE USE ONLY:**

CA CK# \_\_\_\_\_ AMT \_\_\_\_\_

DATE: \_\_\_\_\_

**Return this form with your fee by deadline date to:**

Seneca Recreation  
 PO Box 40, Seneca, KS 66538  
 Phone: (785) 336-2747 Fax: (785) 336-6344  
 THERE IS ALSO A DROP BOX ON THE FRONT DOOR  
 OF CITY HALL - 531 MAIN ST  
 Email: hutflesd@gmail.com

**PLAYER JERSEY**

Player jerseys will be handed out by the coach or Rec. Director before the start of the activity. All jerseys and equipment must be returned at the end of the activity in the condition in which it was checked out. **There will be a \$10 fee for all jersey/equipment that has been damaged or lost.**

(PRINT) Participants Name	D.O.B.	M/F	Shirt Size	Activity	Age & (Current Grade)	Fee
<b>TOTAL</b>						

Legal Guardian #1 \_\_\_\_\_ Cell # \_\_\_\_\_  
 Legal Guardian #2 \_\_\_\_\_ Cell # \_\_\_\_\_  
 Address \_\_\_\_\_ Home # \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_  
**E-mail address** \_\_\_\_\_

**Emergency Contact: Please list someone *other than* Parent or Legal Guardian**

Name \_\_\_\_\_  
 Cell # \_\_\_\_\_ Home # \_\_\_\_\_  
 Relationship to participant \_\_\_\_\_  
 List any medical conditions, if any \_\_\_\_\_

**WAIVER RELEASE STATEMENT:** This must be signed before a child may participate. As a parent or legal guardian of a participant of this program, I acknowledge that there are certain risks of physical injury and I assume the full risk of my child's injuries, including loss of life, damages or loss which he/she may sustain as a result of participation in any and all activities connected with or associated with such program. On behalf of my child, I waive and relinquish all claims, fully release and discharge and indemnify and hold harmless and defend the City of Seneca, its officers, agents, servants, and employees including coaches, umpires, and referees from any and all claims resulting from injuries, including loss of life, damages, and losses sustained by my child arising out of, connected with, or in any way associated with the activities of the program. I hereby authorize the City of Seneca, its successors and assigns and those acting under its permission, to copyright, use and publish, for art, advertising, trade or any other lawful purpose whatsoever, photographic portraits or pictures of my child or in which my child may be included, in whole or in part, while participating in this activity.

**REGISTRATION INFORMATION:** Return this form to City Hall along with the registration fee. **\$25.<sup>00</sup> per child** (*\$50 max per family*) Be sure to read the flyers for each activity, as some activities have a fee less than \$25. Blast Ball/T-Ball are \$10/child.

**Family Payment Plan** - \$25.<sup>00</sup> for the first child, \$25.<sup>00</sup> for the second child, and every child thereafter in the same family is FREE.

**Registration forms need to be in City Hall by 4:00pm on the deadline date. Late registrations will be placed on a waiting list and accepted only if there is room on the team. A \$5.00 per child late fee is in effect.**

**NO REFUNDS AFTER THE START DATE!**

I, the Parent/Legal Guardian of the above named participant(s) have read and understand the Waiver Release Statement. I agree to abide by all policies and guidelines set forth by the City of Seneca regarding this program.

**VOLUNTEER COACH:** I am interested in coaching!

Head Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_

Name \_\_\_\_\_

*(Head coach will receive FREE registration)*

\_\_\_\_\_  
*Signature of Parent/Legal Guardian*

\_\_\_\_\_  
*Date*