

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

“Checks payable to City of Seneca”

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
				<i>Speed & Agility Clinic</i>		
				<i>Speed & Agility Clinic</i>		
				<i>Speed & Agility Clinic</i>		
				<i>Speed & Agility Clinic</i>		
					TOTAL	

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. **\$25.⁰⁰ 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 - \$25.⁰⁰ for the first child, \$25.⁰⁰ 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.

Signature of Parent/Legal Guardian

Date

VOLUNTEER COACH: I am interested in coaching!

Head Coach _____ Assistant Coach _____

Name _____

(Head coach will receive FREE registration)