



Player's Name _____ Birth Date _____

Age as of June 30, 20 ____ Age ____ Grade ____ M ____ F ____

Parent's Name _____ Phone #'s _____

Address _____ City _____ Zip _____

Emergency Contact _____ Phone _____

Emergency Contact _____ Phone _____

Other Information (allergies, medications, disabilities, behavioral problems, etc.)

Age as of June 30, 20 ____ Age ____

T-Ball Age 5 & 6 \$25 (includes shirt)

Coach Pitch Age 7 St 8 \$25 (includes shirt)

Shirt Size (Youth sizes) **S M L XL**

Parent/Guardian _____ Date _____

I would be willing to volunteer as Coach _____ Assistant Coach _____ other _____

****PLEASE READ AND SIGN WAIVER ON BACK****

Lewiston City Recreation Waiver and Release of Liability

I hereby recognize and acknowledge that my or my child(ren)'s participation in recreational activities may involve bodily and/or emotional injury to myself and/or my child. In consideration of me or my child(ren) being able to participate in such events, I, for myself, my children, my heirs, my executors and administrators, hereby voluntarily and knowingly indemnify and hold harmless. defend, release, waive and discharge Lewiston City, and its officers, employees and volunteers from any and all suits, claims or liability, including negligence, based on any injury except that caused solely by the willful misconduct of Lewiston City, that may result from my or my child(ren)'s participation in Lewiston City Recreation activities. In addition, I agree that I or my insurance company will pay for medical hospitalization, or any other expenses resulting from my or my child(ren)'s participation.

The undersigned agrees that prior to participation they will: A. inspect the facilities and or equipment to be used, and if they believe anything is unsafe, they will immediately advise their coach or supervisor of such condition and refuse to participate. B. agree that the parents or legal guardian will instruct the minor participant that prior to participating, he or she should inspect the facilities and equipment to be used, and if the participant believes any thing is unsafe, they will immediately advise his or her coach or supervisor of such conditions and refuse to participate.

Assume all the foregoing risks and accept personal responsibility for the damages following any injury, permanent disability or death.

Intending to be legally bound, do hereby release, waive, discharge and covenant not to sue Lewiston City and its affiliated organizations, their respective administrators, officers, directors, agents, coaches, coordinators. and instructors of programs on a contract with Lewiston City and other employees or volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from any and all liability to each of the undersigned, his or hers and next of kin for any claims, demands, losses, or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by negligence of the release or otherwise in connection with association of entry in and/or arising out of my traveling to, participation in and returning from competition of this event or program.

I hereby authorize the staff/coaches of the Lewiston City Recreation Program to act in my behalf as an individual, parent or guardian in accordance with their best judgment in the case of an emergency. In the event that I or my child(ren) sustain injury or illness while participating In this activity, I hereby authorize any first aid, medication, medical treatment or surgery deemed necessary by licensed medical personnel to be performed on my behalf if I am not immediately available to do so. I agree to assume full responsibility for all expenses, medical or otherwise, that may arise therefrom. I understand that I or my insurance company will pay for such emergency treatment.

Refund policy: The Lewiston City Recreation may withhold 50% of any refund due or resulting from any recreation program for administrative costs. All refunds must be requested in person and accompanied with a written refund request. No refunds will be given after the first day of the program.

By signing this Waiver and Release of Liability, I acknowledge that I have read its contents and disclosures, that I understand its contents and disclosures, and that I agree to its terms and to abide by the rules & regulations as set forth.

Signature _____ Date _____
(Parent/Guardian)