



435-979-7778
nsrecreation@salinacity.org

Registration Form

Parent or Guardian _____	Participant _____
Address _____	Birthday _____ Age _____
City _____	Male _____ Female _____ Grade _____
Phone #1 _____	Sport/Activity _____
Phone #2 _____	T-Shirt Size
Email _____	Youth S M L
	Adult S M L XL 2XL 3XL

Is Parent or Guardian willing to Coach? Yes No
 Is Parent or Guardian willing to be an Assistant Coach? Yes No

WAIVER AND PARENT AGREEMENT

In consideration of your accepting my child's participation in the North Sevier Recreation sponsored athletic program, I hereby, for myself, my child, who is a juvenile, and our heirs, do waive and release any and all rights and claims for damages I or my child have against North Sevier Recreation or it's representatives, and Sevier School District for any and all injuries suffered by myself, my child or any member of my family, going to, coming from, or while at any North Sevier Recreation sponsored athletic games, practices, events or related activities for ordinary negligence. I acknowledge that these are physically active sports and some inherent risks are possible to the participants. These activities are played against other individuals whose actions cannot always be controlled or predicted. Possible injuries associated with athletic activities include, but are not limited to: broken bones, wrist/ankle sprains, ligament/cartilage tears, concussion, eye injuries (scratch, gauge, or loss), loss of teeth, etc. I authorize the employees or agents of North Sevier Recreation to give First Aid and/or notify emergency help in the case of an accident or injury while participating in this program if in the discretion of the employee or agents that such emergency help is warranted. I hereby certify that I have read this waiver and recognize there are risks involved in North Sevier Recreation athletics. As the parent/guardian of _____ (child's name), I assume those risks.

I understand that North Sevier Recreation does not provide accident insurance or medical insurance for the participants of this program. I further state that I, my child, and all members of my family are covered by adequate medical insurance.

PARENT SIGNATURE _____ DATE _____

For Office Use

Fee Amount Paid _____	Date _____	Received by _____
Check # _____	Cash _____	Credit Card _____